

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McInam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V72226 (6)**

1. Corporation Name  
**GENERAL PAINTING CONTRACTORS, INC.**



Principal Place of Business: **112 W. GREEN STREET PERRY FL 32347**  
Mailing Address: **140 REGINA ROAD PERRY FL 32347**

3. Date Incorporated or Qualified: **10/15/1992**  
3a. Date of Last Report: **08/18/1995**  
4. FEI Number: **59-3163452**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**MILLER, CARY J  
140 REGINA RD  
PERRY FL 32347**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*[Handwritten Signature]* *[Handwritten Signature]*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11P NAME 11P STREET ADDRESS 11P CITY, ST, ZIP 11P TITLE	<b>P MILLER, MENDY 140 REGINA RD PERRY FL 32347</b>	<input type="checkbox"/> DELETE
11V NAME 11V STREET ADDRESS 11V CITY, ST, ZIP 11V TITLE	<b>V MILLER, CARY 140 REGINA ROAD PERRY FL 32347</b>	<input type="checkbox"/> DELETE
11E NAME 11E STREET ADDRESS 11E CITY, ST, ZIP 11E TITLE		<input type="checkbox"/> DELETE
11F NAME 11F STREET ADDRESS 11F CITY, ST, ZIP 11F TITLE		<input type="checkbox"/> DELETE

12 11P NAME 11P STREET ADDRESS 11P CITY, ST, ZIP 11P TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 22 NAME 22 STREET ADDRESS 22 CITY, ST, ZIP 22 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 32 NAME 32 STREET ADDRESS 32 CITY, ST, ZIP 32 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 42 NAME 42 STREET ADDRESS 42 CITY, ST, ZIP 42 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 52 NAME 52 STREET ADDRESS 52 CITY, ST, ZIP 52 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 62 NAME 62 STREET ADDRESS 62 CITY, ST, ZIP 62 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mendy Miller* *Mendy Miller, Pres.* *2-20-96* *904-584-8153*

CR2E034 (12/95)