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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 811814 (3)

1. Corporation Name

HARTMAN-WALSH PAINTING COMPANY

Principal Place of Business

7144 NORTH MARKET ST
ST LOUIS MO 63133

Mailing Address

7144 NORTH MARKET ST
ST LOUIS MO 63133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1957

3a. Date of Last Report

04/19/1994

4. FEI Number

43-0644938

Applied For

Not Applicable

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

Suite, Apt. # etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOORE, MICHAEL E
112 DRUID DR
WARRINGTON FL

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 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed (unless registered agent is a corporation)

(If 311 Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
SMITH, EDWARD C
5 HOBBS MILL
ST CHARLES MO 0

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
BURBANK, GERALD
3841 BOWEN
ST. LOUIS MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
WRIGHT, ELLEN
2428 MARY
ST. LOUIS MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
SNPIRO, DAVID C
412 GLAN TAI DR
MANCHESTER MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report was prepared and submitted in good faith 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 registered agent or a person authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C SHAPIRO
SECRETARY TREASURER

4/2/95

314-863-1806