

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

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AND  
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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000033702 (9)**

1. Corporation Name

**SUN COAST PAINTING OF NAPLES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4206 ENTERPRISE AVE  
UNIT A-7  
NAPLES FL 33942**

3. Date Incorporated or Qualified **04/28/1994** 3a. Date of Last Report  
4. FEI Number **65-0483460** 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**  
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALIAS, AVI  
4206 ENTERPRISE AVE  
UNIT A-7  
NAPLES FL 33942**

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

*Avi Alias*

5/1/95

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>D</b>                            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ALIAS, AVI</b>                   | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>4206 ENTERPRISE AVE UNIT A-7</b> | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | <b>NAPLES FL 33942</b>              | 1.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | <b>D</b>                            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LEWIS, ROBERT G</b>              | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>4206 ENTERPRISE AVE UNIT A-7</b> | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              | <b>NAPLES FL 33942</b>              | 2.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      | <b>D</b>                            | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VASQUEZ, JOSE</b>                | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>4206 ENTERPRISE AVE UNIT A-7</b> | 3.3 STREET ADDRESS                                    | <b>D</b>                                                                     |
| CITY, ST, ZIP              | <b>NAPLES FL 33942</b>              | 3.4 CITY, ST, ZIP                                     | <b>MIJANOS, RUDY<br/>4206 ENTERPRISE AVE, UNIT A-7<br/>NAPLES, FL 33942</b>  |
| TITLE                      |                                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                     | 4.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      |                                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                     | 5.4 CITY, ST, ZIP                                     |                                                                              |
| TITLE                      |                                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                     | 6.4 CITY, ST, ZIP                                     |                                                                              |

14. I do 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)(b), 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:

*Avi Alias*

5/1/95

SIGNATURE AND OFFICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Name