SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062200 (8)**

1. Corporation Name
BRODIE AND SON PAINTING, INC.

Principal Place of Business	Mailing Address
104 SHORE DR LONGWOOD FL 32779	104 SHORE DR LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:

21 2. Principal Place of Business:
26 2a. Mailing Address: 1055 Royal Oaks Drive, Apopka, FL 32703
4. FEI Number: 59-3270500 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State:
28 City & State:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip:
25 Country:
29 Zip:
30 Country:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRODIE, ALBERT J
104 SHORE DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: BRODIE, ALBERT J.
82 Street Address (P.O. Box Number is Not Acceptable): 1055 ROYAL OAKS DRIVE
83
84 City: APOPKA FL 85 Zip Code: 32703

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: ALBERT J. BRODIE — Albert J. Brodie — 7/24/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	BRODIE, ALBERT J	12 NAME	BRODIE, ALBERT J.
STREET ADDRESS	104 SHORE DR	13 STREET ADDRESS	1055 ROYAL OAKS DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	APOPKA, FL 32703
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Albert J. Brodie — ALBERT J. BRODIE — 7/24/95 — 407-884-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007820 CP