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

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0) L01209 **DOCUMENT #**  Corporation Name D.B. PAINTING, CORP. Mailing Address Principal Place of Business 3714 E. SANDPIPER DR. 3714 E. SANDPIPER DR. **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Date Incorporated or Qualified 3a. Date of Last Report US US 04/28/1995 07/10/1989 Applied For 4. FEI Number 2. Principal Place of Business Not Applicable NOT APPLICABLE \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Country ☐ Yes ☐ No Florida Statutes 30 10. Name and Address of New Registered Agent it Registered Agent BOWEN, DAVID 3525 OBERON AVE **BOYNTON BEACH FL 33436** 11. Pursuant to trie 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature regimes where instancy) CR2E034 (12/95) Signature, types or penterticanic of registered agent and treating coal is ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETÉ 1.1700.6 TITLE 1.2 NAME BOWEN, DAVID NAME 1.3 STREET ADDRESS 3714 E SANDPIPER DR #8 STREET ADDRESS 1 4 C\*TY - ST - Z\*P **BOYNTON BEACH FL** CITY-ST-ZIP Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C/1Y - ST - Z/F CITY - ST - ZIP Addition 3 1 TITLE TITLE 3.2 NAMÉ NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TiTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City St-2iF CITY - ST - ZIP ☐ Change ☐ Addition DELETE 5 1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREE! ADDRESS 5.4 City, St-ZiP CITY-ST-ZIP ☐ Change Addition DELETE 6 I TITLE TrTLE 6.2 NAME NAME 5.3 STREET ACORESS STREET ADDRESS 64 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)(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 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 certify 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 13 of General Corporation or on an attach and made and the second of the corporation o 1/10/96 (407)73 appears in Block 12 o

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR