

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 002990

(0)

1. Corporation Name

DOZIER & GAY PAINT COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -5 PM 4:35

Principal Place of Business

2245 MAIN ST.
P.O. BOX 3176
JACKSONVILLE FL 32206

Mailing Address

2245 MAIN ST.
P.O. BOX 3176
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1905

3a. Date of Last Report

03/31/1994

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

4. FEI Number

59-0224423

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

9. Name and Address of Current Registered Agent

KOPOLOUSOS, JOHN
2245 NORTH MAIN ST
P.O. BOX 3176
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name

John Kopelousos, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1279 Kingsley Ave., Suite 118

83

84 City

Orange Park,

FL

85 Zip Code

32073

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

John Kopelousos, John Kopelousos,

2-1-95

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
SLADE, TOM JR.
2245 MAIN ST.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
KOPOLOUSOS, JOHN
2245 MAIN ST.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
GRINER, JOHN
2245 MAIN ST.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
VANGE, DAWN
2245 MAIN ST
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
YAUSLIN, MIKE
2245 MAIN ST
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1279 Kingsley Ave., Suite 118
Orange Park, FL 32073

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

7156 Cypress Cove Road
Jacksonville, FL 32244

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Delete

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Delete

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(9)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Kopelousos

John Kopelousos, Secretary

2-1-95

(904) 269-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number