

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 002990

(0)

1. Corporation Name

DOZIER & GAY PAINT COMPANY

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 32206-0176



2. Principal Place of Business

21 3529 Enterprise Way

Suite, Apt. #, etc.

22

City & State

23 Green Cove Springs, FL

24 Zip

32043

25 Country

USA

2a. Mailing Address

26 3529 Enterprise Way

Suite, Apt. #, etc.

27

City & State

28 Green Cove Springs, FL

29 Zip

32043

30 Country

USA

3. Date Incorporated or Qualified

05/27/1905

3a. Date of Last Report

02/02/1996

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  
1279 KINGSLEY AVE., SUITE 118  
P O BOX 3176  
ORANGE PARK FL 32073

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

*John Kopoulosos*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SLADE, TOM JR.	
STREET ADDRESS	2245 MAIN ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOPOLOUSOS, JOHN	
STREET ADDRESS	1279 KINGSLEY AVE., SUITE 118	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRINER, JOHN	
STREET ADDRESS	7156 CYPRESS COVE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLADE, TOM JR.	
1.3 STREET ADDRESS	3529 Enterprise Way	
1.4 CITY - ST - ZIP	Green Cove Springs, FL 32043	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald L. Brenner	
2.3 STREET ADDRESS	3529 Enterprise Way	
2.4 CITY - ST - ZIP	Green Cove Springs, FL 32043	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Donald L. Brenner*

Donald L. Brenner

1/14/97

(904) 284-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)