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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 277141

(8)

| Principal Place P O DRAWER 1 DELAND FL 327 US   | PAINT & GLASS CO  | Mailing Address P O DRAWER 1420 DELAND FL 32721-1420 US                |  |   |   |
|---|---|--|--|---|---|
|   |   |  |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 2. Procinal Pl  | ace of Business   | 2a. Mailing Address  |  | 01/03/1964<br>4. FEI Number   | 04/25/1996<br>Applied For   |
| 21  | igod of odginoso  | 26   |  | 59-1030744  | Not Applicable  |
| Suite, Apt  | #, etc.   | Suite, Apt. #, etc.  |  |   | \$8.75 Additional   |
| 22  |   | 27   |  | Certificate of Status Desired   | Fee Required  |
| City & State  |   | City & State   | City & State   |   | \$5.00 May Be   |
| 23  |   | 28   |  | Trust Fund Contribution   | Added to Fees   |
| <i>Z</i> φ  | Country   | Zip  | Country  | 8. This corporation has liability for   |   |
| 24  | 9. Name and Address of Curr   |  | 30]  | Florida Statutes  10. Name and Address of New Re  | Yes No  |
|   |   | on negistered Agent  | 81 Name  |   | Misteller Agent   |
| GREGORY, JOHN N.  |   |  |  | Gregory, H.P.   |   |
| 2276 LAKE HIRES ROAD<br>DELEON SPRINGS FL 32130   |   |  | 82 Street A  | Address (P.O. Box Number is Not Accepted 535 Forest Creek Ru  | ole)  |
| DELE  | EUN SPANGS PL 32130   |  | 63   | 333 TOTES CIECK NO  |   |
|   |   |  |  |   |   |
|   | 1 1   | ,  | 84 City  | DeLeon Springs  | FL  85   32130°   |
| 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. I am familiar with and longer the obligations of, Section 607,0505, Florida Statutes. |   |  |  |   |   |
| SIGNATURE H.P. Gregory President 4/28/97 Signature required when reinstating) DATE  |   |  |  |   |   |
| SIGNATURE   |   |  |  |   | 4/28/97<br>DATE   |
| 12.   | OFFICIAS A  |  | 13.  | ADDITIONS/CHANGES TO OFFI   |   |
| TITLE   | SD /  | XX DELETE  | 11 TITLE   |   | Change Addition   |
| NAME  | GREGORY, FRANCES K  |  | 1.2 NAME   |   |   |
| STREET ADDRESS  | 2276 LAKE HIRES ROAD<br>DELEON SPRINGS FL   |  | 1.3 STREET ADDRESS                                     |   | ·   |
| CHY-SI-7iP  | VD VD   | DELETE   | 1.4 CITY - ST - ZIP<br>2.1 TITLE                       | DD  | XX Change Addition  |
| NAME  | GREGORY, H P  |  | 2.2 NAME   | PD  |   |
| STREET ADORESS  | 535 FOREST CREEK RUN  |  | 2.3 STREET ADDRESS                                     | Gregory, H P  |   |
| CITY-ST-ZIP   | DELEON SPRINGS FL   |  | 2. 4 CiTY-ST-ZIP                                       | 535 Forest Creek Run  |   |
| TITLE   | PD  | DELETE   | 3.1 TITLE  | Deleon Springs FL 3   | 2130 XX Change  Addition  |
| NAME  | GREGORY, JOHN N   |  | 3.2 NAME   | \$D   | ~~  |
| STREET ADDRESS  | 2276 LAKE HIRES ROAD  |  | 3.3 STREET ADDRESS                                     | Gregory, John N   |   |
| City+St+ZiP   | DELEON SPRINGS FL   |  | 3.4 CITY-ST-ZIP  | 2276 Lake Hires Road  | 0100  |
| THE   | <b>V</b> O  | ☐ DELETE   | 4.1 TITLE  | DeLeon Springs, FL 3  | 2130 Change Addition  |
| NAM <del>t</del>  | GREGORY, L. V.  |  | 4. 2 NAME  |   |   |
| STREET ADDRESS  | 2268 LAKE HIRES ROAD  |  | 4.3 STREET ADDRESS                                     |   |   |
| City-St-ZiP   | DELEON SPRINGS FL   | DELETE   | 44 City-ST-ZiP   |   | Chanas Ladition   |
| TITLE   |   | T Dettile  | 5.1 TITLE  |   | Change Addition   |
| NAME<br>CARLET ADDRESSE   |   |  | 5.2 NAME<br>5.3 STREET ADDRESS                         |   |   |
| STREET ADDRESS  <br>CITY - ST - ZiP   |   |  | 5.3 STREET AUTMESS                                     |   |   |
| TITLE   |   | DELETE   | 6.1 TITLE  |   | Change Addition   |
| NAME  |   |  | 6.2 NAME   | ****  | • •   |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS                                     |   |   |
| CITY - ST - ZIP   |   |  | 6.4 CITY-ST-ZIP  |   |   |
| 14. I do here   | by certify that the information supp  | with this filing does not qualify                                      | for the exemption s                                    | tated in Section 119,07(3)(i), Florida Statut   | es. I further certify that the                                      |
| informatic<br>Lam an o<br>appears i   | on indicated on this annual report<br>flicer or director of the corporation<br>in Block 12 or Block 13,1 or a notal | or the receiver or trustee empower<br>or on an attachment with an addr | ue and accurate and<br>ered to execute this r<br>ress. | tated in Section 119.07(3)(i), Florida Statut<br>that my signature shall have the same leg<br>eport as required by Chapter 607, Florida | al ellect as il made under oath; that<br>Statutes; and that my name |

4/28/97

Date

904-734-2122

Daylime Phone #