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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

200 PAINT STREET

K



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 286641

(6)

RICHARDS PAINT MFG. CO. INC.

Mailing Address

200 PAINT STREET

FILED

Apr 24 1997 8:00am

Secretary of State

ROCKLEDGE FL 32955		ROCKLEDGE FL 32955-5804				
					3. Date Incorporated or Qualified 11/02/1964	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For	
21		26			59-1059971	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	9. Name and Address of Currer		1001		10. Name and Address of New Reg	distered Agent
BICI	HARD, EDWARD J		8	1 Name		
3945 LAKE BREEZE BLVD			-	82 Street Address (P.O. Box Number is Not Acceptable)		
MEL	BOURNE, FLORIDA		18		Doress (F.O. Dox Number is Not Acceptab	
3293	35					
<u> </u>				4 City		FL 85 Zip Code
office or reagent. I a	to the provisions of Sections 607.050 agistered agent, or both, in the State m familiar with, and accept the oblig	i2 and 607.1508, Florida Statul of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo authorized orida Statut	ive-named o by the corpo os.	orporation submits this statement for the p rration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE						DATE
12.	Signature, typoid or printed name of registered age	D DIRLCTORS (NOT	L Higistered /	igent a gnature re	quired when reinstaling) ADDITIONS/CHANGES TO OFFIC	
TITLE	8	DELETE	1.1 101.1		ADDITIONO/OFFIANCES TO OFFICE	Change Addition
NAME	RICHARD, RUTH M		1.2 NAM	- 1		
STREET ADDRESS	3945 LAKE BREEZE BLVD		4	ET ADDRESS		Ì
CITY-ST-ZIP	MELBOURNE, FL 00000		1.4 CITY			
TITLE	PD	☐ DELETE				Change Addition
NAME	RICHARD, EDWARD J SR.		2.2 NAM	.		
STREET ADDRESS	3945 LAKE BREEZE BLVD		2 3 STREET ADDRESS			ł
CITY-ST-ZIP	AUTHORITIES TO ACCOUNT		2. 4 CIT	7-ST-ZIP		ì
TITLE			3.1 1/11			Change Addition
NAME	FOLEY, MICHAEL J. 32		3.2 NAM	F		
STREET ADDRESS	ss 3945 ST ARMENS CIR		3.3 STR	ET ADDRESS		j
CITY-ST-ZIP	MELBOURNE FL 34.0		3.4. CIT	7-S1-7IP		J
TITLE	VP .	☐ DELETE	4.1 100			Change Addition
NAME	RICHARD, EDWARD J. JR.		4. 2 NAN	AC {		
STREET ADDRESS	1444 LIME ST			E1 ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CHY	-51-716		
TITLE	VP	☐ DELETE	5.1 101			☐ Change ☐ Addition
NAME	/m-/		5.2 NAM	£ {		ĺ
STREET ADDRESS			5,3 STR	£1 ADDRESS		ļ
CITY-ST-ZIP	MELBOURNE FL		5,4 CITY	-S1-7IP		
TITLE		☐ DELETE	6 1 TIIL	F		☐ Change ☐ Addition
NAME			6.2 NAM	E .	•	,
STREET ADDRESS			6.3 S1R	E1 ADDRESS		

14. Ido 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 eath, 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.

6.4 C(1Y-S1-7)P

SIGNATURE:

407-636-6200