

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 303591 (2)

1. Corporation Name
LEN HAZEN, PAINTERS, INC.



Principal Place of Business
3 HAY ROAD
P.O. BOX 280
FT. OGden FL 33842

Mailing Address
3 HAY ROAD
P.O. BOX 280
FT. OGden FL 33842

3. Date Incorporated or Qualified 04/04/1966	3a. Date of Last Report 04/17/1995
4. FEI Number 59-1147184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HAZEN, LEONARD M.
3 HAY ROAD
FT. OGden FL 33842

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3 HAY ROAD	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	FT. OGden FL	2.1 TITLE	2.2 NAME
TITLE	PST	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	HAZEN, ELIDA M.	3.1 TITLE	3.2 NAME
STREET ADDRESS	3 HAY ROAD	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	FT. OGden FL	4.1 TITLE	4.2 NAME
TITLE	D	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	HAZEN, ELIDA M.	5.1 TITLE	5.2 NAME
STREET ADDRESS	3 HAY ROAD	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	FT. OGden FL	6.1 TITLE	6.2 NAME
TITLE	EVP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME	MADDUX, SHARON		
STREET ADDRESS	6 HAY ROAD		
CITY-ST-ZIP	FORT OGden FL		
TITLE	D		
NAME	RIVER CITY ACQUISITIONS		
STREET ADDRESS	409 W 10TH STREET		
CITY-ST-ZIP	WEST POINTE GA		
TITLE			
NAME			
STREET ADDRESS			
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 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

941-494-6472

Date

Daytime Phone #

CR2E034 (12/95)