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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 398557 (9)

1. Corporation Name  
EL-MIL PAINTING COMPANY

Principal Place of Business

480 BRYANT AVE.  
P. O. BOX 219  
CANAL POINT FL 33438  
US

Mailing Address

P O BOX 219  
P. O. BOX 219  
CANAL POINT FL 33438-0219  
US

3. Date Incorporated or Qualified  
03/03/1972

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1393508

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

ELROD, BARBARA J.  
480 BRYANT AVE  
CANAL POINT FL 33438

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

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 VPD  
NAME ELROD, BARBARA J  
STREET ADDRESS 480 BRYANT AVE.  
CITY-ST-ZIP CANAL POINT FL

TITLE STD  
NAME DIXON, KELLEY T  
STREET ADDRESS 2593 SW 14TH TERR  
CITY-ST-ZIP PAHOKEE FL

TITLE PD  
NAME ELROD, JOEL T  
STREET ADDRESS 13572 BARBERRY DRIVE  
CITY-ST-ZIP WELLINGTON FL

TITLE VPD  
NAME CARTER, ROBERT WAYNE  
STREET ADDRESS 620 LAKE SHORE DRIVE  
CITY-ST-ZIP CANAL PT. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SECRETARY / DIRECTOR Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ASST. SECRETARY / DIRECTOR Change Addition

5.2 NAME ELROD, CELIA B.

5.3 STREET ADDRESS 13572 BARBERRY DRIVE

5.4 CITY-ST-ZIP WELLINGTON, FL 33414

6.1 TITLE TREASURER / DIRECTOR Change Addition

6.2 NAME GOLD, TERRI E.

6.3 STREET ADDRESS 900 SE 2ND STREET

6.4 CITY-ST-ZIP BELLE GLADE, FL 33430

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.

BARBARA J. ELROD

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

561-924-5879

CR2E034 (9/96)