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Apr 25 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 # 399537 (0)
1. Corporation Name
WINTER HAVEN PAINTING AND DECORATING CENTER, INC



Principal Place of Business
342 6TH ST., S.W.
WINTER HAVEN FL 33880

Mailing Address
342 6TH ST., S.W.
WINTER HAVEN FL 33880-3316

3. Date Incorporated or Qualified
04/19/1972

3a. Date of Last Report
03/26/1996

4. FEI Number
59-1406614

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

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

9. Name and Address of Current Registered Agent

QUINN, DONALD D QUINN, Loretta R.
679 AUGUSTA RD.
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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

QUINN, Loretta R.
342 Sixth St S.W.
Winter Haven FL 33880

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 Loretta R. Quinn, President Loretta R. Quinn 4-1-97
(NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME QUINN, LORETTA
STREET ADDRESS 679 AUGUSTA RD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VS ☒ DELETE
NAME QUINN, DONALD D
STREET ADDRESS 679 AUGUSTA RD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VS ☐ DELETE
NAME Bennett, Barry
STREET ADDRESS 121 Greenfield Rd.
CITY-ST-ZIP Winter Haven, FL 33884

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S/T/D ☒ Change ☐ Addition
12 NAME QUINN, Loretta
13 STREET ADDRESS 342 Sixth St S.W.
14 CITY-ST-ZIP Winter Haven, FL 33880

21 TITLE VS ☐ Change ☒ Addition
22 NAME Barry Bennett
23 STREET ADDRESS 121 Greenfield Rd.
24 CITY-ST-ZIP Winter Haven, FL 33884

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

941-294-6352

CR2E034 (9/96)