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Mar 10 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 # 500708

(3)

1. Corporation Name
PAINTLAND INC.

Principal Place of Business
7167 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address
7167 SEMINOLE BLVD.
SEMINOLE FL 33772-5934



2. Principal Place of Business
21 7167 Seminole Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 Seminole, FL.

27 City & State

24 Zip 33772 25 Country

28 Zip Country 29 30

3. Date Incorporated or Qualified
04/07/1976

3a. Date of Last Report
04/24/1996

4. FEI Number
59-1673992

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, type 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 V ☒ DELETE
NAME FREITAG, FREDERICK
STREET ADDRESS 175 11TH AVENUE S.W.
CITY- ST- ZIP LARGO FL

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME Kimberly L. Tolliver
1.3 STREET ADDRESS 10904- 115 Ave. N.
1.4 CITY- ST- ZIP LARGO, FL. 33778

TITLE PT ☐ DELETE
NAME TOLLIVER, LARRY A
STREET ADDRESS 10904 115TH AVE. NORTH
CITY- ST- ZIP LARGO, FL 33778

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE S ☐ DELETE
NAME TOLLIVER, LAURA
STREET ADDRESS 10904 115 AVENUE NORTH
CITY- ST- ZIP LARGO FL 33778

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Larry A. Tolliver* LARRY A. Tolliver 3/4/97 813-393-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)