FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Feb 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 # **529573** **(8)**

1. Corporation Name
SOUTH FLORIDA PAINTING AND WATERPROOFING CO., INC.

Principal Place of Business	Mailing Address
3973 ARNOLD AVE. NAPLES FL 33942	3973 ARNOLD AVE. NAPLES FL 34104-3373

3. Date Incorporated or Qualified: 03/17/1977
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 34104-3354
Country 25:

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29: 34104-3354
Country 30:

4. FEI Number: 59-1726145 ☐ 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

COCHRAN, THOMAS WAYNE
1917 HOLIDAY LANE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3973 Arnold Avenue
83
84 City: Naples, FL 85 Zip Code: 34104

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: Thomas Wayne Cochran — Thomas Wayne Cochran — January 20, 1997
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	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COCHRAN, THOMAS W.		1.2 NAME		
STREET ADDRESS	1917 HOLIDAY LANE		1.3 STREET ADDRESS	3973 Arnold Avenue	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, Florida 34104-3354	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEST, LARRY E.		2.2 NAME		
STREET ADDRESS	5400 25TH AVENUE, S.W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COCHRAN, MARGARET D.		3.2 NAME		
STREET ADDRESS	1917 HOLIDAY LANE		3.3 STREET ADDRESS	3973 Arnold Avenue	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, Florida 34104-3354	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Thomas Wayne Cochran — Thomas Wayne Cochran — January 20, 1997 — (941) 643-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #