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

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

ACCENT DAINTING	AND DECODATING	INC

ACCENT PAINTING AND DECORATING, INC Principal Place of Business Mailing Address 5074 LIDO STREET 5074 LIDO STREET ORLANDO FL 32007 ORLANDO FL 32807 3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1995 11/17/1978 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1864014 21 26 Suite, Apt #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired 27 22 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 28

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9. Name and Address of Current Registered Agent JOYNER, JOEL L. **5074 LIDO STREET** ORLANDO FL 32807

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untr	This corporation has liability for intangible tax under s 199.032, Florida Statutes
Τ	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

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 egent, 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.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1 ltF	DP	DELETE	1. 1 THTLE	☐ Change	Addition	
NAME	JOYNER, JOEL L.		1.2 NAME			
STREET ADDRESS	5074 LIDO STREET		1.3 STREET ADDRESS			
COLY-ST Zift	ORLANDO FL		1.4 CITY-ST-ZIP			
TIFLE	ST	DELETE	2 1 TIFLE	☐ Change	Addition	
NAM:	Joyner, Lorelea		2 2 NAME			
\$1REEL ADDRESS	5074 LIDO STREET		2 3 STREET ADDRESS			
C 15 -ST-ZiP	ORLANDO FL		2 4 CiTY-ST-ZIP			
Thi		DELETE	3 I TITLE	Change	☐ Addition	
NAMÍ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
0/14 - \$1 - 7/P			3 4 C11Y - S1 - ZIP			
lint.		DEFEIE	4 1 TITLE	☐ Change	Addition	
NAMÉ			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City 51 ZiP			4 4 CITY - ST - ZIP		579	
TILLE		DELETÉ	5 1 TITLE	☐ Cnange	Addition	
NAM:			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY ST-7P			54 CITY-ST-ZIP		—	
TO.F		DELETE	6 1 TITLE	☐ Change	■ Addition	
NAME			6.2 NAME			
SIRUH ADDEESS			6 3 STREET ADORESS			
CHY ST ZF			€4CITY-SF-ZIP			

14. Lide 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 eath; 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.

1-31-96 (406) 211-6609

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable