FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:00

DOCUMENT # **650473** **(2)**

1. Corporation Name
FLORIDA DECORATOR PAINT STORE, INC.

Principal Place of Business	Mailing Address
11213 SEMINOLE BLVD LARGO FL 34648	11213 SEMINOLE BLVD LARGO FL 34648

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/01/1980**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1999661** ☐ 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

OFFUTT, H LEE
11213 SEMINOLE BLVD
LARGO FL 34648

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	OFFUTT, LINDA L	12 NAME	
STREET ADDRESS	10170-107TH ST NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 0	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	OFFUTT, JAMES G	22 NAME	
STREET ADDRESS	10714 115TH AVE, N	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	OFFUTT, MARY E	32 NAME	
STREET ADDRESS	10090 107 ST N	33 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	OFFUTT, H LEE	42 NAME	
STREET ADDRESS	10090 107 ST N	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	OFFUTT, GRANT H	52 NAME	
STREET ADDRESS	11175 109TH WAY, N	53 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: Linda L Offutt LINDA L. OFFUTT 4/6/95 (813) 397-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0378070 CF