

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **650473** (2)

1. Corporation Name  
**FLORIDA DECORATOR PAINT STORE, INC.**



Principal Place of Business <b>11213 SEMINOLE BLVD LARGO FL 34648</b>	Mailing Address <b>11213 SEMINOLE BLVD LARGO FL 33778-3234</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/01/1980</b>	3a. Date of Last Report <b>04/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1999661</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	<b>33778</b>	29	<b>33778</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>OFFUTT, H LEE</b> <b>11213 SEMINOLE BLVD</b> <b>LARGO FL 34648</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		85 Zip Code	<b>33778</b>

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, 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	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFUTT, LINDA L</b>	1.2 NAME	
STREET ADDRESS	<b>10170-107TH ST NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL. 0</b>	1.4 CITY-ST-ZIP	<b>ZIP 33772</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFUTT, JAMES G</b>	2.2 NAME	
STREET ADDRESS	<b>10714 115TH AVE, N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO, FL 00000</b>	2.4 CITY-ST-ZIP	<b>ZIP 33778</b>
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFUTT, MARY E</b>	3.2 NAME	
STREET ADDRESS	<b>11122 106 ST NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	3.4 CITY-ST-ZIP	<b>ZIP 33773</b>
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFUTT, H LEE</b>	4.2 NAME	
STREET ADDRESS	<b>11122 106 ST NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	4.4 CITY-ST-ZIP	<b>ZIP 33773</b>
TITLE	<b>VD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFFUTT, GRANT H</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>11175 109TH WAY, N</b>	5.3 STREET ADDRESS	<b>1939 SANDRA DR.</b>
CITY-ST-ZIP	<b>LARGO, FL 00000</b>	5.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34624</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **H. LEE OFFUTT** 3-21-97 813-392-3506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #