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

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 09 1998 8:00am
Secretary of State

DOCUMENT # 652684 (2)

1. Corporation Name

SCOTTY'S PAINT SUPPLY, INC.

Principal Place of Business	Mailing Address
4619 N. LOIS AVENUE TAMPA FL 33614	4619 N. LOIS AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1980

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	26	**59-2083486**		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
22	27			
City & State	City & State	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
23	28			
Zip / Country	Zip / Country	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		
24 / 25	29 / 30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
WILLIAMS, RICHARD D 19093 RED BIRD LANE LITHIA 33547	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	85 Zip Code FL

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 _(illegible signature)_ Maxine M Williams (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **STD** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME **WILLIAMS, RICHARD D**	1.2 NAME			
STREET ADDRESS **19093 RED BIRD LANE**	1.3 STREET ADDRESS			
CITY-ST-ZIP **LITHIA FL**	1.4 CITY-ST-ZIP			
TITLE **PVD** ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME **WILLIAMS, MAXINE**	2.2 NAME			
STREET ADDRESS **19093 RED BIRD LANE**	2.3 STREET ADDRESS			
CITY-ST-ZIP **LITHIA FL**	2.4 CITY-ST-ZIP			
TITLE ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4 CITY-ST-ZIP			
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 (10/97)_

4. I 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.

GNATURE: _(illegible signature)_ Maxine M Williams Pres. 3/6/98