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

FILED Apr 13 1998 8:00am **PROFIL** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 656071 (8)HERB'S PAINTING, INC. Principal Place of Business Mailing Address PO BOX 180337 PO BOX 190337 PO BOX 337 (CASSELBERRY, FL 32707) CASSELBERRY FL 32718 PO BOX 337 (CASSELBERRY, FL 32707) CASSELBERRY FL 32718 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1980 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 59-1968817 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ No Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRANSON, HERBER **2121 DAS WAY** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 84 City 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 farmer with, and accept the obligations of Section 607 0505 Florida Statutes. SIGNATUR OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITLE DELETE Change Addition **BRANSON, HERBERT** NAME 1.2 NAME **2121 DAS WAY** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP City-ST-7IP DELETE Change Addition TOTLE 3.1 TILLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 10000248746bhange DELETE TITLE 5.1.10TLE -04/14/98--01001--021 NAME **5.2 NAME** ***150,00 STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-7IP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. Thereby 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 suppliemental 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 this 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 flock 13 if changed, or on an altachment with an address. 6.1.-98 SIGNATURE

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP