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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 680714 (3)
1. Corporation Name
RESORTS INTERNATIONAL PAINTING CONTRACTORS, INC.



Principal Place of Business Mailing Address
C/O ROBERT K. BOOKHAMMER, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33031-1509
C/O ROBERT K. BOOKHAMMER, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33031-1509

3. Date Incorporated or Qualified 08/01/1980 3a. Date of Last Report 03/12/1996
4. FEI Number 59-2082112 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

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

9. Name and Address of Current Registered Agent

BOOKHAMMER, ROBERT, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
82 Street Address (P.O. Box Number is Not Acceptable) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
83 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
84 City XXXXXXXXXXXXXXXXXXXXXXXX FL 85 Zip Code XXXXXXXX

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

Sign in typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME BOOKHAMMER, ROBERT, JR.
STREET ADDRESS 25401 S.W. 217TH AVENUE
CITY-ST-ZIP HOMESTEAD FL
TITLE VPT ☐ DELETE
NAME BOOKHAMMER, FRANCES E.
STREET ADDRESS 25401 S.W. 217TH AVENUE
CITY-ST-ZIP HOMESTEAD FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Signature and typed or printed name of signing officer or director
Frances E. Bookhammer

4-14-97
4-14-97
Date

Daytime Phone #

CR2E034 (9/96)