

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 FEB 24 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701235 (4)

1. Corporation Name

FLORIDA PAINT AND COATINGS ASSOCIATION INC.

Principal Place of Business

Mailing Address

C/O PHILIP L PESOLA
P O BOX 2258
OCALA FL 34478

C/O PHILIP L PESOLA
P O BOX 2258
OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1960

3a. Date of Last Report

03/25/1994

4. FEI Number

23-7073504

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PESOLA, PHILIP L
C/O DELTA LABORATORIES
3710 NW COUNTY HWY 326
OCALA FL 34475

81 Name BEASLEY, SHEP
82 Street Address (P.O. Box Number is Not Acceptable)
C/O JOHNSON PAINT CO
83 2131 ANDREA LANE
84 City FT. MYERS FL 85 Zip Code 33906

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

Philip L. Pesola

(NOTE: Registered Agent signature required when reinstating)

2-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME MORRIS, JACK
STREET ADDRESS 3383 TARPON WOODS BLVD.
CITY - ST - ZIP PALM HARBOR FL

1.1 TITLE TD
1.2 NAME ~~SAULLS, VERNON~~
1.3 STREET ADDRESS 5126 CAUSEWAY BLVD
1.4 CITY - ST - ZIP TAMPA, FL

TITLE SD
NAME BEASLEY, SHEP
STREET ADDRESS 2131 ANDREA LANE
CITY - ST - ZIP FT. MYERS FL

2.1 TITLE VD
2.2 NAME BEASLEY, SHEP
2.3 STREET ADDRESS 2131 ANDREA LANE
2.4 CITY - ST - ZIP FT. MYERS, FL

TITLE PD
NAME ALLEN, DARYL
STREET ADDRESS 101 WAYNE PLACE
CITY - ST - ZIP TAMPA FL

3.1 TITLE SD
3.2 NAME ZAREMBA, BILL
3.3 STREET ADDRESS 4800 S. WESTSHORE BLVD, APT. 105
3.4 CITY - ST - ZIP TAMPA, FL

TITLE VD
NAME PESOLA, PHIL
STREET ADDRESS 1133 SE 22ND AVE
CITY - ST - ZIP OCALA FL

4.1 TITLE PD
4.2 NAME PESOLA, PHIL
4.3 STREET ADDRESS 1133 SE 22ND AVE
4.4 CITY - ST - ZIP OCALA, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if applicable, or on an attachment with an address.

SIGNATURE:

Philip L. Pesola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-95

Date

Daytime Phone #

COM-44