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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34478C/O PHILIP L PESOLA
P O BOX 2258
OCALA FL 34478-22583. Date Incorporated or Qualified
07/23/19603a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 **C/O VERNON SAULS**26 **C/O VERNON SAULS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5126 CAUSEWAY BLVD**27 **5126 CAUSEWAY BLVD**

City & State

City & State

23 **TAMPA FL**28 **TAMPA, FL**

Zip

Country

Zip

Country

24 **33619**29 **33169**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEP, BEASLEY
C/O JOHNSON PAINT CO.
2131 ANDREA LANE
FT. MYERS FL 33906

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE **TD** ☐ DELETENAME **VERNON, SAULS**
STREET ADDRESS **5126 CAUSEWAY BLVD.**
CITY-ST-ZIP **TAMPA FL**TITLE **VD** ☐ DELETENAME **BEASLEY, SHEP**
STREET ADDRESS **2131 ANDREA LANE**
CITY-ST-ZIP **FT. MYERS FL**TITLE **T** ☒ DELETENAME **ZARENBA, BILL**
STREET ADDRESS **2 ADALIA AVENUE, # 304**
CITY-ST-ZIP **TAMPA FL**TITLE **PD** ☐ DELETENAME **PESOLA, PHIL**
STREET ADDRESS **1133 SE 22ND AVE**
CITY-ST-ZIP **OCALA FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS **TITLE CHANGE**

1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS **TITLE CHANGE**

2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☐ Change ☒ Addition3.2 NAME **PAUL DALY**
3.3 STREET ADDRESS **1880 N W 18 ST**
3.4 CITY-ST-ZIP **POMPANO BEACH, FL 33069**4.1 TITLE **D** ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS **TITLE CHANGE**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

Date

Daytime Phone # 0065952

CR2E037 (9/96)