

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR -7 PM 1:46****DOCUMENT # 730350 (6)**

1. Corporation Name

**TRI-COUNTY PAINTERS & DECORATORS JOINT TRADE BOA
RD. INC.**

Principal Place of Business

Mailing Address

**1175 NE 125TH ST., #314
NORTH MIAMI FL 33161****1175 NE 125TH ST., #314
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1974

3a. Date of Last Report

03/23/1994

4. FEI Number

59-0730127

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHTER, R J
1175 NE 125TH STREET
N. MIAMI FL 33161**

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 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

R.J. Richter Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reappointing)

3/1/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	COCHRAN, R. JAMES
STREET ADDRESS	1175 NE 125TH ST
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	S
NAME	RICHTER, R J
STREET ADDRESS	1175 NE 125TH ST
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	D
NAME	HINNANT, G.
STREET ADDRESS	1175 NE 125 ST.
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	D
NAME	PASS, S.
STREET ADDRESS	1175 NE 125 ST.
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

R.J. Richter Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95 305-891-2128

Date

Telephone Number