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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756912 (2)

1. Corporation Name

INDEPENDENT PAINT DEALERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**C/O JOSEPH. ECCHER
601 CUTLER SPUR BLVD.
CRYSTAL RIVER FL 34429**

**C/O JOSEPH. ECCHER
601 CUTLER SPUR BLVD.
CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified
03/24/1981

3a. Date of Last Report
04/26/1995

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

**FACCIOBENE, FRANK
50 W LAURIE ST
MELBOURNE FL**

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 **PD** ☐ DELETE
NAME **ECCHER, JOSEPH**
STREET ADDRESS **10185 W. SPRINGTREE LANE**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **D** ☐ DELETE
NAME **BUCHANAN, WILLIAM**
STREET ADDRESS **403 E. 11TH STREET**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE
NAME **SMITH, JOEL R.**
STREET ADDRESS **3351 PLYMOUTH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **FACCIOBENE, FRANK**
STREET ADDRESS **50 W LAURIE ST**
CITY-ST-ZIP **MELBOURNE, FL 00000**

TITLE **SD** ☐ DELETE
NAME **MERRITT, CHARLES**
STREET ADDRESS **3870 N. DAVIS HWY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE
NAME **MORRIS, DAVID**
STREET ADDRESS **341 S. KINGS HWY**
CITY-ST-ZIP **CAPE GIRARDEAU MO**

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 617, 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

Joseph Eccher

4/23/96

904-745-6058

Date

Daytime Phone #

CR2E037 (12/95)