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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34429-4721

3. Date Incorporated or Qualified 03/24/1981 3a. Date of Last Report 04/26/1996
4. FEI Number 59-1355309 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 25 Country 28 Zip 30 Country

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ECCHER, JOSEPH
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Joseph Eccher JOSEPH ECCHER 1/14/97 352-795-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084994

CR2E037 (9/96)