


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756912					
1. Corporation Name INDEPENDENT PAINT DEALERS ASSOCIATION, INC.					
Principal Place of Business C/O JOSEPH. ECCHER 601 CUTLER SPUR BLVD. CRYSTAL RIVER FL 34429			Mailing Address C/O JOSEPH. ECCHER 601 CUTLER SPUR BLVD. CRYSTAL RIVER FL 34429		



2. Principal Place of Business 21 10049 DEEPWOODS DR Suite, Apt. #, etc.		2a. Mailing Address 26 10049 DEEPWOODS DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/24/1981	
22 CRYSTAL RIVER FL. City & State		27 CRYSTAL RIVER FLA. City & State		4. FEI Number 59-1355309 Applied For Not Applicable	
23 34428 CITRUS Zip Country		28 34428 CITRUS Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <input type="checkbox"/>		25 <input type="checkbox"/>		29 <input type="checkbox"/>	
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9. Name and Address of Current Registered Agent FACCIOBENE, FRANK 50 W LAURIE ST MELBOURNE FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCHER, JOSEPH	1.2 NAME	
STREET ADDRESS	10049 DEEPWOODS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, WILLIAM	2.2 NAME	
STREET ADDRESS	403 E. 11TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOEL R.	3.2 NAME	
STREET ADDRESS	3351 PLYMOUTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACCIOBENE, FRANK	4.2 NAME	
STREET ADDRESS	50 W LAURIE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, CHARLES	5.2 NAME	
STREET ADDRESS	3870 N. DAVIS HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Joseph Eccher* **1/9/99** **352-795-7697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #