

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 811814 (3)**

1. Corporation Name  
**HARTMAN-WALSH PAINTING COMPANY**



Principal Place of Business Mailing Address  
**7144 NORTH MARKET ST ST LOUIS MO 63133**      **7144 NORTH MARKET ST ST LOUIS MO 63133**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1957</b>	3a. Date of Last Report <b>04/28/1995</b>
21		26		4. FEI Number <b>43-0644938</b>	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MOORE, MICHAEL E 112 DRUID DR WARRINGTON FL</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature must be printed name of registered agent or officer or director. If officer or director, signature must be printed wherever signed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, EDWARD C</b>	12 NAME	
STREET ADDRESS	<b>5 HOBBS MILL</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ST CHARLES MO 0</b>	14 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURBANK, GERALD</b>	22 NAME	
STREET ADDRESS	<b>P.O. BOX 168 APT. 385-9021</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>VALCAN MD</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, ELLEN</b>	32 NAME	
STREET ADDRESS	<b>2428 MARY</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	34 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, DAVID C.</b>	42 NAME	
STREET ADDRESS	<b>412 GLAN TAI DR</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER MD</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(e), 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, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **DAVID C. SHAPIRO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHIEF FINANCIAL OFFICER**  
 Date: **6/10/96** Day of Filing: **311-863-1800**

CR2E034 (3/96)