

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841199 (3)

1. Corporation Name

GEORGE CAMPBELL PAINTING CORP.

Principal Place of Business

31-40 COLLEGE POINT BLVD.
FLUSHING NY 11354

Mailing Address

31-40 COLLEGE POINT BLVD.
FLUSHING NY 11354

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1978

3a. Date of Last Report

02/18/1994

4. FEI Number

11-2033946

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. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Signature, typed or printed name of registered agent and their address

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CAMPBELL, GEORGE
FT HILL HOUSE, FT HILL DRIVE
LLOYD NECK NY 11743

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
RIZZI, MARIAN
55 ROSE AVE.
GREAT NECK NY 11021

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CAMPBELL, ERIC
28 CRESCENT BEACH ROAD
GLEN COVE NY 11542

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
WURTZ, ROBERT A.
27 DENNIS LANE
BETHPAGE NY 11714

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
CAMPBELL, VALERIE
FT HILL HOUSE, FT HILL DR
LLOYD NECK NY 11743

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CAMPBELL, GREGORY
FT HILL HOUSE, FT HILL DRIVE
LLOYD NECK NY 11743

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(a), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Marian Rizzi, Secretary

2/10/94

718 353 8330