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FILED
Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 846162 (6)
 1. Corporation Name:
VAUGHN PAINT & DECORATING CENTER, INC.



Principal Place of Business: **315-1 HOLLYWOOD BLVD. MARY ESTHER FL 32569-8946**

Mailing Address: **315-1 HOLLYWOOD BLVD. MARY ESTHER FL 32569-1915**

3. Date Incorporated or Qualified: **06/05/1980** 3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: **22** City & State: **27**

Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **43-0980983** 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

9. Name and Address of Current Registered Agent

VAUGHN, AUBREY E., JR.
315-1 HOLLYWOOD BLVD.
MARY ESTHER FL 32569

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VAUGHN, AUBREY E., JR.	
STREET ADDRESS	147 HOMEWOOD DR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VAUGHN, NORMA T.	
STREET ADDRESS	147 HOMEWOOD DR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VAUGHN, KATHLEEN L	
STREET ADDRESS	19 RUBY CIR	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAUGHN, KATHLEEN L.	
1.3 STREET ADDRESS	19 RUBY CIRCLE	
1.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VAUGHN, AUBREY E., JR.	
3.3 STREET ADDRESS	147 HOMEWOOD DR.	
3.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aubrey E. Vaughn Jr.* 1-30-97 904-243-7908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)