

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F20620 (3)

1. Corporation Name

COCOA BEACH PAINT & SUPPLY INC.



Principal Place of Business

34 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

Mailing Address

34 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

3. Date Incorporated or Qualified
02/20/1981

3a. Date of Last Report
06/08/1995

2. Principal Place of Business:

2a. Mailing Address:

21 104 No. BREVARD AVE.

26 104 No BREVARD AVE.

4. FEI Number
59-2069872

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 COCOA BEACH, FL.

28 COCOA BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

Zip

Country

25 BREVARD

29 32931

30 BREVARD

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATE, MARK LEE
2170-A W. HWY 520
COCOA FL 32926

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 (a non-Florida resident)

Signature typed or printed name of registered agent (a non-Florida resident)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TATE, MARK LEE
300 LEJEUNE DRIVE
MERRITT ISLAND, FL 00000

TITLE
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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)(k), 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 to an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

(1107)639-6333

Date

Daytime Phone #

CR2E034 (12/95)