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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

| | 1996 | | | OF CORPORATIONS | | | |
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| OCU Corporatio | IMENT # F | - 81703 | (3) | | | | |
| PAUL | PAINTING, INC. | | | | 1 (\$4) (\$4) (\$4) (\$4) (\$4) | 86(86)[[]] A: 8[]; A 18:1 a | نَوْنَا وَيَوْلًا فِينَاكِمُ وَالْفِينَا وَيُوْلِدُ |
| opal Plac | e of Business | | Mailing Address | | | | |
| g , | | | | r No | | | |
| | L 33801-7108 | | 2720 INDUSTRIAL PI LAKELAND FL 33801 | | | | |
| | | | | | Date Incorporated or Qualifity 05/18/1982 | | f Last Report 17/1995 |
| Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. | # oto | | 26 | | 59-2201742 | | Not Applicab |
| Juite, Apr. | . m, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | d 🗅 | \$8.75 Additional |
| Oity & Stat | le | | City & State | | 6. Election Campaign Financin | | Fee Required |
| <u>.</u> | | | 28 | | Trust Fund Contribution | ,a 🗀 | \$5.00 May Be Added to Fees |
| Zip | Couri 25 | ntry | Zip | Country | 8. This corporation has liability | | |
| | g. Name and Add | ress of Current | Registered Agent | [30] | Florida Statutes 10. Name and Address of Ne | Yes No | |
| | | *************************************** | | 81 Name | | ··· negistered Ag | jent |
| | H. LANGSTON | | | 82 Street | Address (P.O. Box Number is Not Acce | otable) | |
| | LORIDA AVE | | | | MUCITAGO P. CO. DON INCHIDER IS INCL ACCE | piaolej | |
| LAKELAI | ND FL 33801 | | | 83 | | | |
| | | | | 84 City | | | 85 Zip Code |
| 20-00-00-0 | | · | | i I | | | · 1 / |
| familiar w | to the provisions of Sec red agent, or both, in th ith, and accept the oblig | ctions 607.0502 a ne State of Florida gations of, Section | ind 607.1508, Florida Stat Such change was autho n 607.0505, Florida Statut | utes, the above named or rized by the corporation's es | orporation submits this statement for the board of directors. I hereby accept the | | ging its registered offi gistered agent. I am |
| familiar w | th, and accept the oblig | gations of, Section | n 607.0505, Florida Statut of the Mapplicable (DIRECTORS | otes, the above named orized by the corporation's es NOTE. Ringistered Agent signature | s board of birectors. Thereby accept the | purpose of chang appointment as re | gistered agent. I am |
| familiar w | ith, and accept the oblig | gations of, Section of registered age Lan OFFICERS AND | n 607.0505, Florida Statut | NOTE Registered Agent synature 13. 1 1 TITLE | required when reinstating) | purpose of chang appointment as re DATE DEFICERS AND DI | gistered agent. I am |
| familiar w | Structure object or printed non- | gations of, Section of registers age Lan OFFICERS AND I | n 607.0505, Florida Statut of the Mapplicable (DIRECTORS | NOTE Registered Agent synature 13. 1 1 TITLE 12 NAME | required when reinstating) | purpose of chang appointment as re DATE DEFICERS AND DI | gistered agent. I am |
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See Trees 3-8-96 941-665-1091