FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000706 (2)**

95 JUN 13 AM 9:07

1. Corporation Name

IPC INDUSTRIAL PAINT CO.

Principal Place of Business	Mailing Address
4702 MAYWOOD AVE PENSACOLA FL 32526	4702 MAYWOOD AVE PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/03/1993**

3a. Date of Last Report: **06/02/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	County	30	County

4. FEI Number: **56-1682919** ☐ 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 files nobly for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GROF, GWENDOLYN L
5645 HILLTOP RD.
PENSACOLA FL 32504

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDPT	11 TITLE		☐ Change ☐ Addition
NAME	GROF, RICHARD W	12 NAME		
STREET ADDRESS	5645 HILLTOP RD.	13 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL 32504	14 CITY ST ZIP		
TITLE	VCD	X TITLE	V C D S	☒ Change ☐ Addition
NAME	GROF, GWENDOLYN L	22 NAME		
STREET ADDRESS	5645 HILLTOP RD.	23 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL 32504	24 CITY ST ZIP		
TITLE	VPS	31 TITLE	Same person as listed above delete.	☒ Change ☐ Addition
NAME	GROF, GWENDOLYN L	32 NAME		
STREET ADDRESS	5645 HILLTOP RD.	33 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL 32504	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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 the 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: Gwendolyn L. Grof — 6-2-95 — (904)476-3463

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

0400069 FP