

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 # F94000001131 (1)

1. Corporation Name

LLOYD G. OLIPHANT AND SONS PAINT COMPANY, INCORPORATED

Principal Place of Business

P.O. BOX 854
OXFORD MS 38655

Mailing Address

P.O. BOX 854
OXFORD MS 38655



3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

03/17/1995

4. FEI Number

64-0475928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV ☐ DELETE

NAME OLIPHANT, LLOYD G
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
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6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME OLIPHANT, MAUDIE M
STREET ADDRESS RT. 2, BOX 733
CITY-ST-ZIP OXFORD MS 38655

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

601-234-5251

Daytime Phone

CR2E034 (12/95)