

DOCUMENT # F98000003655  
1. Entity Name  
RUDY MCCORMICK PAINTING CO., INC.

Principal Place of Business Mailing Address  
815 THOMAS ST 815 THOMAS ST  
LITTLE ROCK AR 72202 LITTLE ROCK AR 72202

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
THEUS, ROBERT T  
219 NEWMAN ST  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE *Jack D. Wilson* DATE 1/5/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | CP <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCORMICK, RUDY                     | NAME  |   |
| STREET ADDRESS             | 13518 COUNTY FARM RD                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | LITTLE ROCK AR 72212                | CITY-ST-ZIP   |   |
| TITLE                      | VCV <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CLARK, WAYNE                        | NAME  |   |
| STREET ADDRESS             | 15404 HOLLY DR                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | ALEXANDER AR 72002                  | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILSON, ZACK                        | NAME  |   |
| STREET ADDRESS             | 1008 CACHE RIVER ST                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | NORTH LITTLE ROCK AR 72116          | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: *Jack D. Wilson* ZACK D. WILSON DATE 1/5/01 DAYTIME PHONE # 501-374-5549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90082 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)