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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G19985** **(2)**

1. Corporation Name
LARSEN PAINTING AND WATERPROOFING, INC.

Principal Place of Business	Mailing Address
4231 COLT LANE P. O. BOX 17112 WEST PALM BEACH FL 33416-4112	4231 COLT LANE P. O. BOX 17112 WEST PALM BEACH FL 33416-4112

3. Date Incorporated or Qualified: 01/24/1983
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 602 No. G St.	26 602 No. G St
Suite, Apt. #, etc. 22 D	Suite, Apt. #, etc. 27 D
City & State 23 Lake Worth, Fl.	City & State 28 Lake Worth, Fl
Zip / Country 24 33461 / 25 Palm Beach	Zip / Country 29 33461 / 30 Palm Beach

4. FEI Number: 59-2262446 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARSEN, CHRIS
4231 COLT LANE
WEST PALM BEACH FL 33416-4112

10. Name and Address of New Registered Agent

81 Name: Chris Larsen
82 Street Address (P.O. Box Number is Not Acceptable): 3543 39th St So
83 Lakeworth
84 City: Lake Worth **FL** 85 Zip Code: 33461

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, type or printed name of registered agent and title if an officer

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD LARSEN, CHRIS 4231 COLT LANE W PALM BCH, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVD Chris Larsen 3543 39th St. So. Lake Worth, FL 33461	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HEINE, WENDY 3543 39TH ST. SOUTH LAKE WORTH FL 33461	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 with an address.

SIGNATURE: Wendy M. Heine — April 11, 1996 — 407/582-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Wendy M. Heine