

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G33520** (9)

1. Corporation Name
TAFLINGER PAINTING INCORPORATED

Principal Place of Business 6820 N. BEECHNUT LOOP HERNANDO FL 32642	Mailing Address 6820 N. BEECHNUT LOOP HERNANDO FL 34442-3808
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/18/1983	3a. Date of Last Report 04/05/1996
				4. FEI Number 59-2290747	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 TAFLINGER, DOROTHY UNIT 33 LOT 5 BEECHNUT LOOP RIVERLAKE HERNANDO FL 34442				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

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	PSD	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	TAFLINGER, HARRY F.			1.2 NAME			
STREET ADDRESS	6820 N. BEECHNUT LOOP			1.3 STREET ADDRESS			
CITY - ST - ZIP	HERNANDO FL			1.4 CITY - ST - ZIP			
TITLE	VTD	☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	TAFLINGER, DOROTHY			2.2 NAME			
STREET ADDRESS	6820 N. BEECHNUT LOOP			2.3 STREET ADDRESS			
CITY - ST - ZIP	HERNANDO FL			2.4 CITY - ST - ZIP			
TITLE	V	☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME	TAFLINGER, IVAN E			3.2 NAME			
STREET ADDRESS	P. O. BOX 107 N/A			3.3 STREET ADDRESS			
CITY - ST - ZIP	HOLDER FL			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 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 in an attachment with an address.

SIGNATURE: *Dorothy Taflinger* 4/4/97 352-226-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)