

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G76127**

(1)

1. Corporation Name

ABNER PAINTING, INC.



Principal Place of Business

% **STANLEY ABNER**
649 39TH AVE NE
ST PETERSBURG FL 33703

Mailing Address

% **STANLEY ABNER**
649 39TH AVE NE
ST PETERSBURG FL 33703

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ABNER, STANLEY
649 39TH AVE NE
ST PETERSBURG FL 33703

3. Date Incorporated or Qualified
01/01/1984

3a. Date of Last Report
04/27/1995

4. FEIN or Tax ID #
59-2348586

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

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 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

(Signature to be printed in Block 12, Officers and Directors)

(Signature to be printed in Block 13, Additions/Changes to Officers and Directors in 12)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ABNER, STANLEY**
STREET ADDRESS **649 39TH AVE NE**
CITY-STATE-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME **ABNER, URSULA A.**
STREET ADDRESS **649 39TH AVE NE**
CITY-STATE-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME **ABNER, JOSEPH A.**
STREET ADDRESS **5701 16 ST. N.**
CITY-STATE-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME **ABNER, STANLEY M.**
STREET ADDRESS **649 39TH AVE NE**
CITY-STATE-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP ☒ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS **1001 17 AVENUE N.**
44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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(9)(b), 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: *Ursula A. Abner* **Ursula A. Abner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. 4/19/96

813 8236084
813 8230679

CR2E034 (12/95)