

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G92819** (3)

1. Corporate Name

ISLAND PAINTING & DECORATING, INC.

Principal Place of Business

**1346-43RD AVENUE
VERO BEACH FL 32960
US**

Mailing Address

**P.O. BOX 1267
VERO BEACH FL 32961-1267
US**

2. Principal Place of Business

2a. Mailing Address

21 **5820 Glen Eagle Lane**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **VERO BEACH, FL.**

28 City & State

24 Zip **32967**

25 Country **IND. P.R.**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SCHORNER, JAMES A.
505 BEACHLAND BLVD.
VERO BEACH FL 32963**

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 607.0507 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 607.0625, Florida Statutes.

SIGNATURE

Signature of Agent or Director (Print Name)

Signature of Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**P
WHITFIELD, PAUL C.
1346-43RD AVENUE
VERO BEACH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**S
WHITFIELD, STACEY L.
1346-43RD AVENUE
VERO BEACH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**5820 Glen Eagle Lane
VERO BEACH, FL 32967**

☒ Change ☐ Addition

**5820 Glen Eagle Lane
VERO BEACH, FL 32967**

☐ Change ☐ Addition

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 CITY-STATE-ZIP

34 CITY-STATE-ZIP

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36 CITY-STATE-ZIP

37 CITY-STATE-ZIP

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57 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(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 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (407) 569-4353

CP2E034 (12/95)