

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H51775 (5)

1. Corporation Name

IMPERIAL PAINTING, INC.



Principal Place of Business

Mailing Address

240 HEDGEWOOD AVE.
P O BOX 427
OSTEEN FL 32764

240 HEDGEWOOD AVE.
P O BOX 427
OSTEEN FL 32764

3. Date Incorporated or Qualified 04/09/1985
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number 59-2522940

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

10. Name and Address of New Registered Agent

PIZZA, FRANK A., JR.
240 HEDGEWOOD AVE.
P O BOX 427
OSTEEN FL 32764

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	PD	<input type="checkbox"/> DELETE
NAME	PIZZA, FRANK A., JR.	
STREET ADDRESS	240 HEDGEWOOD AVENUE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEESE, ROBERT	
STREET ADDRESS	242 E. OHIO ST. #3	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BILLINGS, GERRY	
STREET ADDRESS	1122 E. HANCOCK DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PIZZA, BONNIE	
STREET ADDRESS	240 HEDGEWOOD AVENUE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KETTLEHUT, BRIAN	
STREET ADDRESS	925 HALSTEAD ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bonnie Pizza Bonnie PIZZA / Sec. 4/23/96 407-322-4334

CR2E034 (12/95)