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Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H66421 (9)
1. Corporation Name
FERGUSON PAINTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business DAVID FIELDS & COMPANY, P.A. 100 WALLACE AVE. S130 SARASOTA FL 34237		Mailing Address DAVID FIELDS & COMPANY, P.A. 100 WALLACE AVE. S130 SARASOTA FL 34237	
2. Principal Place of Business 21 PO Box 1762 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 1762 Suite, Apt. #, etc.	
22 City & State 23 Sarasota FL		27 City & State 28 Sarasota FL	
24 Zip 34230 Country USA		29 Zip 34230 Country USA	
9. Name and Address of Current Registered Agent FIELDS, DAVID 100 WALLACE AVE. SUITE 130 SARASOTA FL 34237		10. Name and Address of New Registered Agent 81 Name Robert Ferguson 82 Street Address (P.O. Box Number is Not Acceptable) 6009 Marella Dr. 83 84 City Sarasota FL 85 Zip Code 34243	

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

Robert Ferguson Robert Ferguson

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	P FERGUSON, ROBERT M. 1588 STICKNEY POINT RD SARASOTA FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S FERGUSON, RUTH M. 3068 WOODPINE LN. SARASOTA FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE:

Robert Ferguson Robert Ferguson 2-16-98

CR2E034 (10/97)