FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H82031 (6)AMORE PAINTING COMPANY Principal Place of Business Mailing Address 1590 GREENFIELD STR 1590 GREENFIELD STR PACE FL 32571 PACE FL 32571 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1985 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2601043 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATTHEWS, EDSEL F., JR. Name 308 GOUTH JEFFERSON STREET 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE TITLE 1 1 TiTLE AMORE, FRANK NAME 1.2 NAME 1590 GREENFIELD ST. 1.3 STREET ADDRESS STREET ADDRESS PACE FL 1.4 CITY - ST- ZIP CITY-SY-ZIP DELETE Change Addition TITLE 2.1 TITLE **BRIDGET, MARIE A** NAME 2.2 NAME **1590 GREENFIELD STREET** STREET ADDRESS 2.3 STREET ADDRESS PACE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 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 DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME

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 logal 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.

STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-ST-ZIP