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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84838

(2)

CLASSIC PAINTS, INC.

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FILED

Apr 30 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address										
% DONNA M. DUTTON % DONNA M. DUTTON										
1610 CYPRESS DRIVE 1610 CYPRESS DRIVE JUPITER FL 33469 JUPITER FL 33469-3139										
OUTHER TE S	2409	90FITER PE 90409-3109				3. Date Incorporated or Qualified 11/07/1985		ate of 1	Last Ro	eporl
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26			FO 004004P				t Applicable	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be					
23 Zip	Country	28			Trust Fund Contribution Added to Fees					
24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes [] No					
24	9. Name and Address of Current		30			10. Name and Address of New Re				····
DIF	TTON, DONNA M.			81	Name	10, 714.110 4.110 7.110 7.110	giotoroa	Agont		
1610 CYPRESS DRIVE					Ctract Ada	hara (D.O. Barristania New York)	-1-3			
	PITER FL 33469		['	82	SHEDL ADD	ddress (P.O. Box Number is Not Acceptable)				
				83			. =			
				84	City		FL	85	Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the ab	ove	-named con	poration submits this statement for the r	Durpose o	f chan	aina it:	s registered
	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607,0505, F	authorized Iorida Statu	by ites	the corpora	poration submits this statement for the policy is board of directors. I hereby accessions	pt the apr	ointme	ent as	registered
SIGNATURE	"Signature, typed or printed name of registered agent	and title if applicable (NC	DIE Registered	Ager	nt signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND		13.	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRE	CTOR:	S IN 12
TITLE	PD	☐ DELETE	1.1 701	1.1 TITLE				☐ Cł	nange	Addition
NAME	DUTTON, JAMES ANDREW		1.2 NAN	ME						
STREET ADDRESS	5403 PENNOCK POINT ROAD		1.3 STR	REET	ADDRESS					
CITY-ST-ZIP	JUPITER FL STD DELETE				- ZIP			110		1 4 1 100
TITLE NAME	STD DUTTON, DONNA M.	[] Official	2.1 1170					CI	hange	Addition
STREET ADDRESS	5403 PENNOCK POINT ROAD		2.2 NAM		4000ree					
CITY-ST-ZIP	JUPITER FL		2.3 STR		ADDRESS					
TITLE	VD	3.1 TITU		1-211			CI	nange	Addition	
NAME	DUTTON, JAMES ALBERT	☐ DELETE	3.2 NAM						٠.	
STREET ADDRESS	261 MAPLECREST		3.3 STR	K[[]/	ADDRESS					
CITY-ST-ZIP	JUPITER FL	3.4		3.4. CITY-\$1-ZIP						
TITLE	VD	DELETE	4.1 TITL					☐ Ci	nange	Addition
NAME	DUTTON, LAWRENCE ARTHUR		4. 2 NA	ME						
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		4.3 STR	ŒET A	ADDRESS					
CITY-ST-ZIP	JUPITER FL		4.4 CH	Y- \$1	- 7/P					
TITLE				5 1 TITLE				☐ Cr	nange	Addition
NAME			5.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		T beleze	5.4 CIT		- 7IP			77.		
TITLE		☐ DELETE	611111					L_I Ch	nange	Addition
NAME PERFECT ADDRESS			62 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	by partiful that the information are alied	20-01-02	6 4 CI1	Y-SI	- ZIP	dia Control and Administration and Administration				

r vo nereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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