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 # **H92060** **(3)**

1. Corporation Name

MACK PARDUE PAINTING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
% MACK S. PARDUE 1938 TILLMAN LANE PENSACOLA FL 32526-0932	% MACK S. PARDUE 1938 TILLMAN LANE PENSACOLA FL 32526-0932

3. Date Incorporated or Qualified: **12/31/1985**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2626803** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 415 Meander Lane	Suite, Apt. #, etc. 27 415 Meander Lane
City & State 23 Cantonment, FL	City & State 28 Cantonment, FL
Zip / Country 24 32533 / 25 Escambia	Zip / Country 29 32533 / 30 Escambia

9. Name and Address of Current Registered Agent

PARDUE, MACK S.
1938 TILLMAN AVENUE
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 415 Meander Lane

83

84 City: Cantonment, **FL** 85 Zip Code: 32533

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 of New Registered Agent, if changing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARDUE, MACK S.		1.2 NAME	
STREET ADDRESS	1938 TILLMAN LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARDUE, MARTHA S.		2.2 NAME	
STREET ADDRESS	1938 TILLMAN LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PARDUE, CHRISTOPHER J.		3.2 NAME	
STREET ADDRESS	1018 DAFFIN RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEIGLE, MARION RAY		4.2 NAME	
STREET ADDRESS	300 PALM COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Martha S. Pardue Martha S. Pardue 3-15-96 (904) 968-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #