

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H99701** (5)

1. Corporation Name
PAINTERS UNLIMITED, INC.



Principal Place of Business

**3936 N TAMiami TR. STE E
% J. P. ALLEN
NAPLES FL 33940**

Mailing Address

**3936 N TAMiami TR. STE E
% J. P. ALLEN
NAPLES FL 33940**

3. Date Incorporated or Qualified 02/17/1986	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2660209	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ALLEN, J. P.
2900 14TH STREET NORTH
SUITE 39
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 the person authorized to sign this report (the Agent)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form 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, but 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

J. P. ALLEN
PRESIDENT

1/9/96

941-261-8295

CR2E034 (12/95)