

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J06669 (2)**

1. Corporation Name

PAINT CENTERS OF CENTRAL FLORIDA, INC.



Principal Place of Business

**VICKERS, KENNETH A
843 N COCOA BLVD
COCOA FL 32922
US**

Mailing Address

**VICKERS, KENNETH A.
843 N COCOA BLVD
COCOA FL 32922
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**VICKERS, KENNETH A
843 N COCOA BLVD
COCOA FL 32922**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

3. Date Incorporated or Qualified **03/28/1986** 3a. Date of Last Report **05/01/1995**
4. FLE Number **59-2650942** 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of registered agent or new registered agent

Signature of officer or director

DATE

12. OFFICERS AND DIRECTORS

T TITLE NAME STREET ADDRESS CITY- ST- ZIP	V VICKERS, DESMOND H. 843 N COCOA BLVD COCOA FL	<input type="checkbox"/> DELETE
VDS TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICKERS, MARY LOUISE 843 N COCOA BLVD COCOA FL	<input type="checkbox"/> DELETE
PTD TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICKERS, KENNETH A. 843 N. COCOA BLVD. COCOA FL	<input type="checkbox"/> DELETE
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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)(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. That I am an officer or director of the corporation or the registered 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 a written instrument with an address.

SIGNATURE: *Kenneth A. Vickers* 4/25/96 407-636-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)