

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # J21965 (5)**  
 1. Corporation Name  
**PAINTING AND STAINING INC.**



Principal Place of Business: **1117 BEACHUM DRIVE TALLAHASSEE FL 32301 US**  
 Mailing Address: **1117 BEACHUM DRIVE TALLAHASSEE FL 32301-3612**

2. Principal Place of Business: **21 Same**  
 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified: **07/01/1986**  
 3a. Date of Last Report: **01/31/1996**  
 4. FEI Number: **59-2609608**  
 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

9. Name and Address of Current Registered Agent: **ERICHSON, RONALD E. 909 PALAWAN RD. TALLAHASSEE FL 32304**  
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ERICHSON, RON</b>		1.2 NAME	
STREET ADDRESS: <b>909 PALAWAN RD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIROIS, MIKE</b>		2.2 NAME	
STREET ADDRESS: <b>2097 KIMBERLY LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MORGAN, TERRY</b>		3.2 NAME	
STREET ADDRESS: <b>1009 IDLEWICD DR. #30</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		3.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIERRA, JUAN</b>		4.2 NAME	
STREET ADDRESS: <b>P.O. BOX 717 N/A</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>GREENSBORO FL</b>		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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 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: *Ronald E. Ericson* **RONALD E. ERICHSON** 1/12/97 904 877-1120  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)