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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

2a. Mailing Address

26 Same

Suite Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ERICHSON, RONALD E.
909 PALAWAN RD.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

07/01/1986

3a. Date of Last Report

01/31/1996

4. FEI Number

59-2609608

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed in printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ERICHSON, RON
STREET ADDRESS 909 PALAWAN RD.
CITY-STATE-ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE

NAME SIROIS, MIKE
STREET ADDRESS 2097 KIMBERLY LANE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE S ☐ DELETE

NAME MORGAN, TERRY
STREET ADDRESS 1009 IDLEWICK DR. #30
CITY-STATE-ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE

NAME SIERRA, JUAN
STREET ADDRESS P.O. BOX 717 N/A
CITY-STATE-ZIP GREENSBORO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 904 877-1120

CR2E034 (9/96)