SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 B-12948 B-79737

DOCUMENT # J32208 (7)

1. Corporation Name

KOCHY PAINTING CO., INC.

Principal Place of Business	Mailing Address
7406 PIONEER RD W. PALM BCH. FL 33413-2219	7406 PIONEER RD W PALM BCH. FL 33413-2219

3. Date Incorporated or Qualified: **09/08/1986**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-2740092** ☐ 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
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KEMP, HARRY M A
7406 PIONEER ROAD
WEST PALM BEACH FL 33413

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, type or print name of new agent, and title, if applicable) (If new Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DJELOSEVIC, DEBRA I		12 NAME	
STREET ADDRESS	7406 PIONEER RD.		13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33413-2219		14 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DJELOSEVIC, LUCA		22 NAME	
STREET ADDRESS	7406 PIONEER RD.		23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33413-2219		24 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DJELOSEVIC, LUCA		32 NAME	
STREET ADDRESS	7406 PIONEER RD.		33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33413-2219		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DEBRA I. DJELOSEVIC 8-6-96 407-678-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #