FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 6.95

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

6.1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:59

DOCUMENT # J55899 (5)

1. Corporation Name

DICRISCI PAINTING, INC. DI'CRISCI PAINTING INC.

Principal Place of Business: 110 RUBBER TREE DR LAKE WORTH, FL 33467. 4843

110 RUBBERTREE DRIVE
LAKE WORTH FL 33467 33467-4843

Mailing Address:
110 RUBBERTREE DRIVE
LAKE WORTH FL 33467 33467-4843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1987
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 110 Rubbertree DR.
22 Suite, Apt. #, etc.
23 City & State: LAKE WORTH FL.
24 Zip: 33463-4443 25 Country:

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-2758553 ☐ 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

9. Name and Address of Current Registered Agent

DICRISCI, ROBERT
110 RUBBERTREE DRIVE
LAKE WORTH FL 33467 33467-4843

10. Name and Address of New Registered Agent

81 Name: SAME.
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 _____ DATE
(Signature, Typed or Printed Name of Registered Agent and the Appropriate Capacity) (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD/SECRETARY ☐ Change ☑ Addition
NAME	DICRISCI, ROBERT	12 NAME	DiCrisci Robert
STREET ADDRESS	110 RUBBERTREE DRIVE	13 STREET ADDRESS	110 RUBBERTREE DR.
CITY-ST-ZIP	LAKE WORTH FL	14 CITY ST ZIP	LAKE WORTH, FL. 33467-4843
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	~~DICRISCI, CAROLYN~~ Resigned	22 NAME	
STREET ADDRESS	~~110 RUBBERTREE DRIVE~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE WORTH FL~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ Robert DiCrisci 5-20-95 407-969-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
6-1-95 AD

0078374 CP

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CORPORATION ANNUAL REPORT **1995**

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **J57922** **(3)**

1. Corporation Name

REVE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~350 W. NINE MILE RD.~~	~~350 W. NINE MILE RD.~~
SUITE D	SUITE D
PENSACOLA FL 32534	PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 10184 Fox Run Road
22: Suite, Apt. #, etc.
23: City & State: Pensacola FL
24: Zip: 32514
25: Country: Escambia

2a. Mailing Address
26: P.O. Box 7025
27: Suite, Apt. #, etc.
28: City & State: Pensacola FL
29: Zip: 32534
30: Country: Escambia

4. FEI Number: **43-6027353** ☐ 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

9. Name and Address of Current Registered Agent

EATON, CHARLES R
9340 CHISHOLM RD.
PENSACOLA FL 32514

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 _____ (New Registered Agent signature required when applicable) (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**NOEL, KARL R**	12 NAME	
STREET ADDRESS	**2125 AUGUSTA DR.**	13 STREET ADDRESS	
CITY ST ZIP	**LA PLACE LA**	14 CITY ST ZIP	
TITLE	**VDS**	21 TITLE	☐ Change ☐ Addition
NAME	**EATON, CHARLES R**	22 NAME	
STREET ADDRESS	**1150 FT. PICKENS RD.**	23 STREET ADDRESS	
CITY ST ZIP	**PENSACOLA FL**	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: Charles R Eaton 5/20/95 (904) 477-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

CP