

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5 MAY -1 AM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J64574** (3)

1. Corporation Name

ASSOCIATED PAINTING INCORPORATED

Principal Place of Business

**% JOHN LYNTON MOFFETT
1778 HYDE PARK ST.
SARASOTA FL 34239-2139**

Mailing Address

**% JOHN LYNTON MOFFETT
1778 HYDE PARK ST.
SARASOTA FL 34239-2139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1987

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2799302

Applied Fee
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

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**MOFFETT, JOHN LYNTON
1778 HYDE PARK ST.
SARASOTA FL**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 the new Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS

ADDITIONAL CHANGED OFFICERS AND DIRECTORS

14. This is to certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 199.032, 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 this corporation or the receiver or trustee appointed to carry out the report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report, and that I am familiar with an address.

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

41. NAME

42. NAME

SIGNATURE:

(Signature of Registered Agent or Secretary of State)

5/1/95

Date

Expiring Date

034416 CP