FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 03/31/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2799302 ☐ 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
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

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

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
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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MOFFETT, JOHN LYNTON	
STREET ADDRESS	1778 HYDE PARK ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ DELETE
NAME	MCKNIGHT, WAYNE	
STREET ADDRESS	2210 HILLVIEW ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☒ DELETE
NAME	MCKNIGHT, LORI	
STREET ADDRESS	2210 HILLVIEW ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	☒ DELETE
NAME	SCHROADER, JENNY	
STREET ADDRESS	1400 CATTLEMAN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	☐ Change ☒ Addition
1.2 NAME	BONNY GUAY	
1.3 STREET ADDRESS	2535 ARLINGTON ST.	
1.4 CITY-ST-ZIP	SARASOTA FL 34239	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: ____ 6/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR