

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J71104 (0)

1. Corporation Name

J. D. PAINTING, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 10: 05

Principal Place of Business
**4348 N.W. 103RD TERRACE
SUNRISE FL 33351**

Mailing Address
**4348 N.W. 103RD TERRACE
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/04/1987	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2800647	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. 109.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**GORDON, MICHAEL D., ESQ.
1645 PALM BCH LAKES BLVD
STE 600
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Agent is required when changing agent or office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY/STATE/ZIP		3. STREET ADDRESS	
		4. CITY-STATE-ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6. NAME	
CITY/STATE/ZIP		7. STREET ADDRESS	
		8. CITY-STATE-ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	10. NAME	
CITY/STATE/ZIP		11. STREET ADDRESS	
		12. CITY-STATE-ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
CITY/STATE/ZIP		15. STREET ADDRESS	
		16. CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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. I am an officer or director of a 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 of this filing or on an attachment with an address.

SIGNATURE: Phil Goldstein (PHIL GOLDSTEIN) 3/10/95 305-572-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR