FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74910** **(7)**

1. Corporation Name
FLOYD WIERDA PAINTING, INC.

Principal Place of Business	Mailing Address
254 HUNTLEY DR. P.O. BOX 1366 LAKE PLACID FL 33852	254 HUNTLEY DR. P.O. BOX 1366 LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2811520** ☐ 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	10. Name and Address of New Registered Agent
WIERDA, MARY ELLEN 254 HUNTLEY DR. LAKE PLACID FL 33852	81 Name: Wierda, Floyd 82 Street Address (P.O. Box Number is Not Acceptable): 254 Huntley Drive 83: Lake PLacid Fl. 33862 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: Floyd Wierda Pres. DATE: 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WIERDA, MARY ELLEN	1.2 NAME	
STREET ADDRESS	254 HUNTLEY DR.	1.3 STREET ADDRESS	Wierda, Floyd 254 Huntley Drive
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	Lake placid fl. 33862
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WIERDA, MARY ELLEN	2.2 NAME	Wierda,Floyd
STREET ADDRESS	254 HUNTLEY DR.	2.3 STREET ADDRESS	254 Huntley Dirve
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	Lake Placid Fl.33862
TITLE	V	3.1 TITLE	VST ☒ Change ☐ Addition
NAME	WIERDA, FLOYD	3.2 NAME	Wierda, Mary Ellen
STREET ADDRESS	254 HUNTLEY DR.	3.3 STREET ADDRESS	254 Huntley Drive
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	Lake PLacid Fl. 33862
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Mary Ellen Wierda 4/27/95 813-965-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY ELLEN WIERDA

031000 CP