

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

FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75666

(4)

1. CORPORATION NAME

PAINT PEDDLERS OF FLORIDA, INC.

Principal Office of Corporation

2925 W. OLD US 441
MOUNT DORA FL 32757

Mailing Address

2925 W. OLD US 441
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date incorporated or renewed

05/28/1987

3a. Date of Last Report

05/18/1994

2. Principal Office of Corporation

21. State, Apt. # etc.

22. City & State

23. Zip

24. County

2a. Mailing Address

25. State, Apt. # etc.

27. City & State

28. Zip

29. County

4. FET Number

59-2809877

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Total Fund Contribution

1

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 119.07(2)
Non-liability ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAUTHEN, DAVID E
131 WEST MAIN ST
TAVARES FL 32788

81. Name

82. Street Address of Current Registered Agent (if acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 119.07(2) and 119.07(3), Florida Statutes, the officer or officers responsible for the preparation of this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida, hereby certifies that the corporation was authorized by the corporation's board of directors, or by a majority of the corporation's registered agent, to change its registered office or registered agent, as set forth in this report, in accordance with the provisions of Sections 119.07(2) and 119.07(3), Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, AND SECRETARY

13. ADDITIONAL CHANGES TO OFFICERS, AND SECRETARIES

1. Name

2. Title

3. Street Address

4. City

5. State

6. Zip

7. County

8. Name

9. Title

10. Street Address

11. City

12. State

13. Zip

14. County

15. Name

16. Title

17. Street Address

18. City

19. State

20. Zip

21. County

22. Name

23. Title

24. Street Address

25. City

26. State

27. Zip

28. County

1. Name

2. Title

3. Street Address

4. City

5. State

6. Zip

7. County

8. Name

9. Title

10. Street Address

11. City

12. State

13. Zip

14. County

15. Name

16. Title

17. Street Address

18. City

19. State

20. Zip

21. County

22. Name

23. Title

24. Street Address

25. City

26. State

27. Zip

28. County

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. WALLER

5/15/95 (901) 883-7201

039057A CP

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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY 12 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J81194 (9)

1. Corporation Name

EXTERM-A-TECH, INC.

Principal Place of Business

Mailing Address

**% BILLY E. SHELTON
3555 CENTRAL AVENUE
ST. PETERSBURG FL 33713-5405**

**% BILLY E. SHELTON
3555 CENTRAL AVENUE
ST. PETERSBURG FL 33713-5405**

Do Not Write in This Space

3. Date for Corporate Year End

07/01/1987

3a. Date of Last Report

05/17/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEIN Number

59-2818713

Applied For

☐ Not Applicable

State Applicable

22

State Applicable

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City, State

23

City, State

28

6. Election: Corporate Governance
Legal Entity Categories

**\$5.00 May Be
Added to Fees**

City, State

24

City, State

29

City, State

30

8. This corporation has timely filed its annual report and is in good standing with the state.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELTON, BILLY E.
3555 CENTRAL AVE
ST PETERSBURG FL 33713**

81. First Name

82

Street Address - If a New Address is Not Applicable

83

City, State

84

City, State

FL

City, State

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida, and I am a resident of the State of Florida.

Not a Resident

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Not a Resident

Not a Resident

SIGNATURE:

Sharon Shelton

(SHARON SHELTON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95

813-327-3635