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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J80108** **(0)**

1. Corporation Name
MICHAEL KING PAINTING, INC.

Principal Place of Business	Mailing Address
120 TINDALE CIRCLE LONGWOOD FL 32779	120 TINDALE CIRCLE LONGWOOD FL 32779-4614

3. Date Incorporated or Qualified: 06/25/1987
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21 5415 W. Ohio Ave.
Suite, Apt. #, etc.
22
City & State
23 Sanford, FL.
Zip 24 32771 Country 25 Seminole

2a. Mailing Address
26 5415 W. Ohio Ave.
Suite, Apt. #, etc.
27
City & State
28 Sanford, FL.
Zip 29 32771 Country 30 Seminole

4. FEI Number: 59-2838023 ☐ 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

KING, MICHAEL J.
120 TINDALE CIRCLE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: King, Michael J.
82 Street Address (P.O. Box Number is Not Acceptable): 5415 West Ohio Avenue
83
84 City: Sanford, FL 85 Zip Code: 32771

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: Michael J. King
Signature, type or print name of registered agent and title if applicable.
Michael J. King, President
(NOTE: Registered Agent signature required when reinstating)
DATE: Feb. 27, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P, D ☒ Change ☐ Addition
NAME	KING, MICHAEL J.	1.2 NAME	King, Michael J.
STREET ADDRESS	120 TINDALE CIRCLE	1.3 STREET ADDRESS	5415 West Ohio Avenue
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Sanford, FL. 32771
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael J. King Michael J. King 2-27-97 407-328-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #