

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J95359 (2)  
1. Corporation Name  
UNIVERSITY PAINTING CONTRACTORS, INC.



Principal Place of Business 813 N.W. 113TH TERRACE GAINESVILLE FL 32606-0401	Mailing Address 813 N.W. 113TH TERRACE GAINESVILLE FL 32606-0401
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3. Date Incorporated or Qualified 09/29/1987	3a. Date of Last Report 08/28/1996
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2. Principal Place of Business 21. 5904 SW 89th Drive Suite, Apt. #, etc. 22. City & State Gainesville FL 23. Zip 32608 24. Country USA	2a. Mailing Address 26. 5904 SW 89th Drive Suite, Apt. #, etc. 27. City & State Gainesville FL 28. Zip 32608 29. Country USA
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4. FEI Number 59-2846787	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
GRACE, CYNTHIA K  
813 N.W. 113TH TERRACE  
GAINESVILLE FL 32606-0401

10. Name and Address of New Registered Agent  
81. Name  
Cynthia K. Grace  
82. Street Address (P.O. Box Number is Not Acceptable)  
5904 SW 89th Drive  
83. City  
Gainesville  
84. State  
FL  
85. Zip Code  
32608

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 fee, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GRACE, EDWARD A JR
STREET ADDRESS	813 N.W. 113TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32606-0401
TITLE	ST
NAME	GRACE, CYNTHIA K
STREET ADDRESS	813 N.W. 113TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32606-0401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Edward A. Grace
1.3 STREET ADDRESS	5904 SW 89th Drive
1.4 CITY-ST-ZIP	Gainesville, FL 32608
2.1 TITLE	Cynthia K. Grace
2.2 NAME	Cynthia K. Grace
2.3 STREET ADDRESS	5904 SW 89th Drive
2.4 CITY-ST-ZIP	Gainesville, FL 32608
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  CYNTHIA K. GRACE 4-3-97 352.332.8704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)