# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:29

DOCUMENT # K16849 (7)

1. Corporation Name
SOUTHEASTERN INDUSTRIAL PAINTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % WILLIE D. BILLINGSLEY JR<br>60 SUNSET DR #E<br>W MELBOURNE FL 32904 | % WILLIE D. BILLINGSLEY JR<br>60 SUNSET DR #E<br>W MELBOURNE FL 32904 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1988
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: 59-2876129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired 3 ☑ $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

BILLINGSLEY, WILLIE D. JR
2240 MAINE ST
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BILLINGSLEY, WILLIE D. J | 12 NAME | |
| STREET ADDRESS | 2240 MAINE ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Addition |
| NAME | BILLINGSLEY, DAVID | 22 NAME | PLEASE NOTE - 2ND 7046 |
| STREET ADDRESS | 1801 ISLAND CLUB DR #85 | 23 STREET ADDRESS | INCLUDES ADDITIONAL |
| CITY-ST-ZIP | INDIALANTIC FL | 24 CITY-ST-ZIP | $42.25 FOR (3) DOMESTIC |
| TITLE | ST | 31 TITLE | ☐ Addition |
| NAME | BILLINGSLEY, PATRICIA | 32 NAME | SECRETARY OF STATE DIVISION OF CORPORATIONS 95 FEB 14 PM 2:29 |
| STREET ADDRESS | 2240 MAINE ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Addition |
| NAME | | 42 NAME | P Billingsley |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Patricia Billingsley 2-8-95 407-723-4474
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0067105 CP