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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36287

(6)

Mailing Address

DAVID MOORMAN PAINTING, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

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% DAVID MOORMAN 1206 WHIPPORWILL LANE NAPLES FL 33999		% DAVID MOORMAN 1205 WHIPPORWILL LANE NAPLES FL 34105-4842				
					3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 Suite Ant		26			65-0091509	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7 (p 29	Count 30	ry		Yes · No
	9. Name and Address of Curre	nt Registered Agent		- <sub>1</sub>	10. Name and Address of New Reg	elstered Agent
	ORMAN, DAVID		В	1 Name		
	5 WHIPPORWILL LANE PLES FL 33999		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
			8	3		
			8.	4 Cily		FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the abo authorized t	ve-named corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
-12	Signature, typod or printed name of registered up			upet erutangia linog	pred whon reinstalling)	DATE
12.	D/P	ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MOORMAN, DAVID	Deterior	1.2 NAME			C change C Addition
STREET ADDRESS	1205 WHIPPORWILL LANE		1	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		1.4 CiTY-			
TITLE	D/T	☐ DELETE	2 1 TITLE			Change Addition
NAME	MOORMAN, MARDI S		2.2 NAME	:		
STREET ADDRESS	1205 WHIPPORWILL LANE		2 3 S1RE	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		2 4 CITY			
TITLE	S CEDMAD	☐ DELETE	3 1 7(TLE			Change Addition
NAME DIRECT ADDRESS	MIR, SERMAD 4081 NORTHLIGHT DR.		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	NAPLES FL			FT ADDRESS		
TITLE	VP	DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME	HEMER, TROY L		4. 2 NAM			C onongo C y sauton
STREET ADDRESS	261 12 ST SE			EL ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		4.4 CITY	ST-ZIP		
TITLE		DELETE	5.1 TH LE			☐ Change ☐ Addition
NAME			5.2 NAM	:		
STREET ADDRESS			5.3 STRE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	\$1-2(P		

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 intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on as attrictment with an address.