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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K51040** (9)

1. Corporation Name

**SPECTRUM PAINTING & RESTORATION CO., INC.**



Principal Place of Business

**2627 SOUTH HORSESHOE COURT  
NAPLES FL 33942**

Mailing Address

**2627 SOUTH HORSESHOE COURT  
NAPLES FL 33942**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PEZESHKAN, FARHAD F.  
2606 S. HORSESHOE DRIVE  
NAPLES, FL 33942**

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

Signature typed or printed in block capital letters and the full date

2001. Registered Agent signature is printed when filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **PEZESHKAN, F. FRED**  
STREET ADDRESS **2606 S. HORSESHOE DRIVE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DVS** ☐ DELETE

NAME **CARSELLO, ROBERT**  
STREET ADDRESS **2606 S. HORSESHOE DRIVE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☐ DELETE

NAME **SCHALLERT, JOHN B.C.**  
STREET ADDRESS **2627 S. HORSESHOE CT**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TREASURER**  
4.3 STREET ADDRESS **DAVID R. DEHNART**  
4.4 CITY-ST-ZIP **2606 S. HORSESHOE DRIVE**  
**NAPLES, FL 33942-6121**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APRIL 1996 (941) 643-2772

Date

Telephone #

CR2E034 (12/95)