

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K56602** (1)

1. Corporation Name

BUDDIES PAINTING ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% THOMAS MARASCIULLO
PO BOX 5357
SPRING HILL FL 34606

% THOMAS MARASCIULLO
PO BOX 5357
SPRING HILL FL 34606

3. Date Incorporated or Qualified
01/09/1989

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2926686

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARASCIULLO, THOMAS
11440 HYDE PARKWAY
SPRING HILL FL 34609**

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 605.02 and 605.03, Florida Statutes, I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct.

I, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office. I was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of Florida.

SIGNATURE

Signature or printed name of officer or director

Date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P MARASCIULLO, THOMAS**
STREET ADDRESS **11440 HYDE PARKWAY**
CITY-ST-ZIP **SPRING HILL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MARASCIULLO, VICTORIA**
STREET ADDRESS **11440 HYDE PARKWAY**
CITY-ST-ZIP **SPRING HILL FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1796 904-686-7640

CR2E034 (12/95)