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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

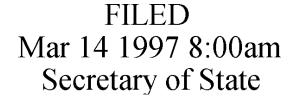
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K95457

(3)

Corporation	HATHE			
MCLAIN	PAINTING,	INC.		



MCLAIN PAINTING, INC.  Principal Place of Business Mailing Address 7126 JUNE BUG LANE 7126 JUNE BUG LANE ORLANDO FL 32818 ORLANDO FL 32818-8827										
}						3. Date Incorporated or Qualified 06/15/1989		te of Last R   <b>2/1996</b>	eporl	
L :	Place of Business	2a. Mailing Address				4. FEI Number			oplied For	
21		[26]	26		59-2958807	Not Applicable				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22 City & Stor	to .	City 9 Ctots			<del></del>			Fee Re		
City & Star	te	City & State				6. Election Campaign Financing		\$5.00		
Zip	Country	<b>28</b> ]	Co.	untry		Trust Fund Contribution		Added t		
24	25	29	30	,,,,,		8. This corporation has liability for i	mangible ] Yes = [[		. 199,032,	
	9, Name and Address of Curren		1001	Γ		10. Name and Address of New Re				
MO	LAIN, SHELBY			81	Name					
712	8 JUNE BUG LANE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	(6)	···		
) ORL	LANDO FL 32818									
				83						
				84	City			<b>85</b> Zip (	Code	
							FL	1 1		
office or agent. 1 a		of Florida Such change was attons of Section 607,0505, F)	es, the a authorize orida Sta	bove- d by l lutes.	-named corp the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of If the appo	changing it bintment as	s registered registered	
<u> </u>	Signature, typed or printed name of registered ag		L'Hogistore	d Agen	d signature requir	od when telostalarg)	PLVCI		· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	MCLAIN, SHELBY	L DELETE	1.1 11					Change	Addition	
NAME	7126 JUNE BUG LANE		1.2 N							
STREET ADDRESS	ORLANDO FL				ADDRESS					
CITY-ST-ZIP TITLE	VD	DELETE	211	11Y-S1	- ZIF*			Change	Addition	
NAME	MCLAIN, PATRICK		2.2 N					change	L) Add:(1011	
STREET ADDRESS	7126 JUNE BUG LANE				ADDRESS					
CITY-ST-ZIP	ORLANDO FL			OTY-SI						
TATLE	STD	DELETE	3.1 10					Change	Addition	
NAME	MCLAIN, MARGARET	_	3.2 N					- •		
STREET ADDRESS	7126 JUNE BUG LANE				ADDRESS					
CITY-ST-ZIP	ORLANDO FL			H1Y-S1						
TITLE		DELETE	4.1 31					Change	Addition	
NAME	J		4 2 N	IAMI						
STREET ADDRESS			4.3 S	TREET A	ADDRESS					
CITY-ST-ZIP		.,,	4.4 C	11Y-SI	- 7IP					
TITLE		DELETE	5.1 TI	IIL E				Change	Addition	
NAME	1		5.2 N	AMI						
STREET ADDRESS			5.3 S	TREET A	ADDRESS					
CITY-ST-ZIP				11Y - ST-	- ZIP					
TITLE		☐ DELETE	611					Change	Addition	
NAME			62 N							
STREET ADDRESS	1				ADDRESS					
CITY - ST - ZIP			640	1Y-\$1	- <b>Z</b> IP		_			

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.