

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17615

(0)

1. Corporation Name

RIVER OAK PAINTING, INC.

Principal Place of Business

**% V. LOUISE TARRY
7445 WEST RIVERBEND RD
DUNNELLON FL 34433**

Mailing Address

**% V. LOUISE TARRY
7445 WEST RIVERBEND RD
DUNNELLON FL 34433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1989

3a. Date of Last Report

07/18/1994

4. FEI Number

59-2969491

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

County

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

County

9. Name and Address of Current Registered Agent

**TARRY, V. LOUISE
7445 WEST RIVERBEND RD
DUNNELLON FL 32830**

10. Name and Address of New Registered Agent

81 Name

TARRY, V. Louise

82 Street Address (P.O. Box Number is Not Acceptable)

7445 W. River Bend Rd.

83

84 City

Dunne Hon

FL

85 Zip Code

34433

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **DANBACK, LAWRENCE G.**
STREET ADDRESS **7445 W. RIVERBEND DR**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **DST**
NAME **TARRY, V. LOUISE**
STREET ADDRESS **7445 W. RIVERBEND DR**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **V**
NAME **HOSTUTLER, JAMES, A**
STREET ADDRESS **5310 S SUFFOLK TERR**
CITY - ST - ZIP **HOMOSASSA FL**

TITLE **V**
NAME **MASKER, JOHN, C**
STREET ADDRESS **5800 OAK RIDGE DR SP. 41**
CITY - ST - ZIP **HOMOSASSA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

**V. LAYTON, DARRIN
7388 W. McKinley ST.
HOMOSASSA, FL. 34446**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 110.07(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: **V. Louise Tarry**

4-24-95

904-795-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #