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 # **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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **09/22/1989**

3a. Date of Last Report: **04/27/1995**

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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

TARRY, V LOUISE
7445 W RIVERBEND ROAD
DUNNELLON FL 34433

10. **Name and Address of New Registered Agent**

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: V. Louise TARRY Sec/TREAS. — Signature, typed or printed name of registered agent and title if applicable
V. Louise Tarry — (NOTE: Registered Agent signature is per Section 607.0505)
4-8-96 — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	DANBACK, LAWRENCE G.	
STREET ADDRESS	7445 W. RIVERBEND DR	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	DST	[ ] DELETE
NAME	TARRY, V. LOUISE	
STREET ADDRESS	7445 W. RIVERBEND DR	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	V	[X] DELETE
NAME	LAYTON, DARRIN	
STREET ADDRESS	7388 W MCKINLEY STREET	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	V	[ ] DELETE
NAME	MASKER, JOHN, C	
STREET ADDRESS	5800 OAK RIDGE DR SP. 41	
CITY-ST-ZIP	HOMOSASSA FL	
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	V	[ ] Change [X] Addition
3.2 NAME	JOSLIN, WALTER M.	
3.3 STREET ADDRESS	3152 N. HOOTY POINT	
3.4 CITY-ST-ZIP	INVERNESS, FLORIDA 34453	
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 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: V. Louise TARRY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V. Louise Tarry
4-8-96 — Date
352-795-6022 — Daytime Phone #

CR2E034 (12/95)