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 # L49480 (1)

1. Corporation Name

E & E PAINTING COMPANY, INC.

Principal Place of Business	Mailing Address
% EDICBERTO LEFONT. JR. 5730 NW 194TH ST MIAMI FL 33015	% EDICBERTO LEFONT. JR. PO BOX 171185 HIALEAH FL 33017 US

2. Principal Place of Business `21`	**2a. Mailing Address** `26`	**3. Date Incorporated or Qualified** 02/13/1990	**3a. Date of Last Report** 04/17/1995
Suite, Apt #, etc. `22`	Suite. Apt. #, etc `27`	**4. FLI Number** 65-0178014	Applied For / Not Applicable
City & State `23`	City & State `28`	**5.** Certificate of Status Desired ✓	**$8.75** Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	**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

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**	
LEFONT, EDICBERTO, JR. 5730 NW 194TH ST MIAMI FL 33015	`81` Name `82` Street Address (P.O. Box Number is Not Acceptable) `83` `84` City	`85` Zip Code

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**		
TITLE DP	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME LEFONT, EDICBERTO, JR.		1.2 NAME		
STREET ADDRESS 5730 NW 194TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP		
TITLE DST	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME LEFONT, ELIZABETH		2.2 NAME		
STREET ADDRESS 5730 NW 194TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

```
900001853199
-06/06/96--01028--007
***208.75
```

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 14 if changed, or on an attachment with an address.

SIGNATURE: _Elizabeth M. Lefont_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/96   Daytime Phone # (954) 438-3173