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Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L62884 (6)  
1. Corporation Name  
SOUTHEAST PAINTING OF TALLAHASSEE, INC.



Principal Place of Business: % BOYD & BRANCH, P.A. 2632 NEZ-PERCE TRAIL TALLAHASSEE FL 32303-2144  
Mailing Address: % BOYD & BRANCH, P.A. 2632 NEZ-PERCE TRAIL TALLAHASSEE FL 32303-2144

3. Date Incorporated or Qualified: 04/05/1990  
3a. Date of Last Report: 03/12/1996  
4. FET Number: 59-3006317  
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 1767 Hermitage Blvd Suite Apt. # etc: # 9209 City & State: Tallahassee FL Zip: 32308 Country: USA  
2a. Mailing Address: 26 Same Suite, Apt. #, etc: 1767 Hermitage City & State: Blvd # 9209 Zip: Country:

9. Name and Address of Current Registered Agent: BOYD & BRANCH, P.A. 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312

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: [Signature] DATE: 1-10/97

12. OFFICERS AND DIRECTORS: TITLE: D FLEMMING, MICHAEL S. STREET ADDRESS: 2632 NEZ PERCE TRAIL TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE: President 1.2 NAME: Flemming Michael S 1.3 STREET ADDRESS: 1767 Hermitage Blvd # 9209 1.4 CITY-ST-ZIP: Tallahassee FL 32308

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 in an attachment with an address.  
SIGNATURE: [Signature] DATE: 1-10/97 DAYTIME PHONE #: 904 562 4010

CR2E034 (9/96)