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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 12 1997 8:00am Secretary of State

CRESTV	IMENT # L69 VIEW PAINT AND BO		(8) Mailing Address							010 H 10 ét 10 H 10 ét 11 H 10 H
Principal Place of Businoss 56 US 90 WEST RESTVIEW FL 32536-5137			Mailing Address 1856 US 80 WEST CRESTVIEW FL 32539	-3120						
						1	corporated or Qualified	l	ate of Last f	Report
• Oringianal	Place of Business		2a, Mailing Address			05/01/1		12/0	2/1996	- Paul Phas
		n	28. Mailing Address 6 956 W. J		IDE RIV					pplied For lot Applicable
Suite, Ap	t. #, etc		Suite, Apt. #, etc	7. // C	ecc pi.	ſ	te of Status Desired		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Additional
2	····	2	7			B. Certifica	IO OI Status Desireu	<u>. </u>		equired
City & Sta	ate	_	City & State			L .	Campaign Financing nd Contribution			May Be to Fees
Zip	Country		Zip	Co	ountry		poration has liability for	or intanoible		
4	25		9	30		Florida S	Statutes	Yes	_] No	
	g. Name and Addres		······································		J	10. Name a	nd Address of New	Registered	Agent	
SAL	TMARSH, CLEAVELANI	D & GUND, CP	'A'S		81 Name		· .			
34 4 ET	<mark>Walten-Martin R</mark> D. (Walton Beach Fl- 0 6	WALTER 9508 ろっち4	a		82 Street A	ddress (P.O. Box i	Number is Not Accep	table)		
rı.	MALION DESCRIPTION	2000 200 1	•		83	·····				······
					84 City				last 7in	Code
					111			FL	.	
	t to the provisions of Section registered agent, or both, am familiar with, and acce	ons 607.0502 and in the State of Flept the obligations	d 607.1508, Florida (forida: Such change s of, Section 607.050	Statutes, the r was authorize 05, Florida Sta	above-named of ed by the corporatules.	corporation submits oration's board of o	s this statement for thi directors. I hereby acc	e purpose o cept the app	cointment a	s registered
SIGNATURE	Signature typed or punted name OF		titre if applicable	(NOTE: Register	red Ageni signature r	equired when reinstating)	s this statement for this directors. I hereby acc	DATE	DIRECTO	RS IN 12
SIGNATURE 12. IUU	Signature typed or printed name OF	of registered agent and	tire if applicable	(NOTE: Register	red Agent signature to	equired when reinstating)		DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or purited name OF D LOWE, GLENN	of registered agent and	titre if applicable	(NOTE: Register 13 E 1.1 1.2	red Agent eignature n I. TITLE NAME	equired when re-installing) ADDITIO	NS/CHANGES TO OF	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or punted name OF D LOWE, GLENN	of registered agent and	titre if applicable	(NOTE: Register 13 E 1.1 1.2 1.3	red Agent signature r l. TITLE NAME STREET ADDRESS	equired when reinstating) ADDITIO	NS/CHANGES TO OF	DATE FICERS AN	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY SI-ZIP	OF D LOWE, GLENN RT 4 BOX 308 CRESTVIEW FL	of register od agent and	titre if applicable	(NOTE: Register 13 E 1.1 1.2 1.3 1.4	red Agent signature r l. TITLE NAME STREET ADDRESS	equired when re-installing) ADDITIO	NS/CHANGES TO OF	DATE FICERS AN	DIRECTO	
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and arrive the same legal effect as if made under or large and accurate and that my signature shall have the same legal effect as if made under or large and accurate and that my signature shall have the same legal effect as if made under or large and accurate and that my signature shall have the same legal effect as if made under or large and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.