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 # **L78034** **(0)**

1. Corporation Name

NU LIFE PAINTING INC.

Principal Place of Business	Mailing Address
%ROBERT MICHAEL WILLIAMS 4443 C.R. 218 W. STE 102 MIDDLEBURG FL 32068 US	%ROBERT MICHAEL WILLIAMS 4443 C.R. 218 W. STE 102 MIDDLEBURG FL 32068 US

3. Date Incorporated or Qualified: **06/05/1990**
3a. Date of Last Report: **05/19/1995**

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

4. FEI Number: **59-3018832** ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT MICHAEL
10 MANDRAKE ST
MIDDLEBURG FL 32068

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, ROBERT MICHAEL		1.2 NAME		
STREET ADDRESS	~~2128 MALLARD ROAD~~		1.3 STREET ADDRESS	695 Branscomb	
CITY-ST-ZIP	~~MIDDLEBURG FL~~		1.4 CITY-ST-ZIP	Green Cove Springs FL	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PAUL ROBERT		2.2 NAME		
STREET ADDRESS	10 MANDRAK ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JOYCE SCHOCK		3.2 NAME		
STREET ADDRESS	10 MANDRAKE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		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		

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: R M Williams R. M. Williams 4/23/96 904-282-9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)