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Feb 11 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 # **M86098** (4)

1. Corporation Name
R.L. JAMES PAINTING & WATERPROOFING, INC.

mailing

Principal Place of Business	Mailing Address
~~4501 DELEON ST~~ ~~#210~~ ~~FT. MYERS FL 33907~~	~~4331 DELEON ST~~ ~~#210~~ ~~FT. MYERS FL 33907-1279~~

3. Date Incorporated or Qualified: 06/20/1988
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21: 6301 Arc Way
22: Suite, Apt. #, etc.
23: City & State: Fort Myers FL.
24: Zip: FL 3391r
25: Country: U.S.A.

2a. Mailing Address
26: 6301 Arc Way
27: Suite, Apt. #, etc.
28: City & State: Fort Myers FL
29: Zip: 3391r
30: Country: U.S.A

4. FEI Number: 65-0063087 ☐ 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

~~JAMES, ROBERT L.~~
~~8765 LATEEN LANE, #102~~
~~FT. MYERS FL 33919~~

10. Name and Address of New Registered Agent

81 Name: Robert James
82 Street Address (P.O. Box Number is Not Acceptable): 6301 ARC WAY
83:
84 City: Fort Myers FL. FL 85 Zip Code: 33912

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JAMES, ROBERT L.		1.2 NAME	
STREET ADDRESS	~~8765 LATEEN LANE, #102~~		1.3 STREET ADDRESS	6301 ARC WAY
CITY-ST-ZIP	~~FT. MYERS FL~~		1.4 CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	DV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RICK A. PEPIN		2.2 NAME	
STREET ADDRESS	~~1577-25 MATHEWS DRIVE~~		2.3 STREET ADDRESS	6301 ARC WAY
CITY-ST-ZIP	~~FT. MYERS FL.~~		2.4 CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT G. NICHOLS		3.2 NAME	
STREET ADDRESS	1675 S. MAYFAIR ROAD		3.3 STREET ADDRESS	SAME NO CHANGE
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRECO, CARL		4.2 NAME	
STREET ADDRESS	~~4010 COURTNEY DR., #2~~		4.3 STREET ADDRESS	6301 ARC WAY
CITY-ST-ZIP	~~FORT MYERS FL 33901~~		4.4 CITY-ST-ZIP	FORT MYERS FL 33912
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	200001208597 2
STREET ADDRESS			5.3 STREET ADDRESS	-02/12/97--01123--038
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***165.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	VB 2-11
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature] Vice President 2/4/97 941-275-7766