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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M94459** (8)

1. Corporation Name

STILLMAN PAINTING OF LAKE COUNTY, INC.

Principal Place of Business

**1600 NEW HAMPSHIRE AVENUE
TAVARES FL 32778-9134**

Mailing Address

**1600 NEW HAMPSHIRE AVENUE
TAVARES FL 32778-9134**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation
08/12/1988

3a. Date of Last Report
05/01/1994

4. FFI Number
59-2904070

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

2. Principal Office (if different from 1)

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

23

28

Zip

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STILLMAN, FRANK EDWIN
1600 NEW HAMPSHIRE DR
TAVARES FL 32778**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 Sections 607.05(5), Florida Statutes.

SIGNATURE

(Signature of person who is being appointed as registered agent)

(Signature of Registered Agent or the person accepting the appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 12)

1. NAME	PD STILLMAN, FRANK EDWIN
2. STREET ADDRESS	1600 NEW HAMPSHIRE AVE
3. CITY, STATE, ZIP	TAVARES FL
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and complete and equally for the certificate stated in Section 139.07(5)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force as if I were an officer or director of the corporation or the manager or member empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of the Block 12 filing report or annual statement with no address.

SIGNATURE:

Frank E. Stillman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

904-343-2675