

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northan Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:10

DOCUMENT # N46151 (9)
1. Corporation Name
PAINT YOUR HEART OUT PASCO COUNTY, INC.

Principal Place of Business P O BOX 1805 NEW PORT RICHEY FL 34656	Mailing Address P O BOX 1805 NEW PORT RICHEY FL 34656
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1991	3a. Date of Last Report 06/28/1994
4. FEI Number 59-3143892	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
KAREL, JOHN A.
5264 STATE RD 54
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent
81 Name
Karel, John A
82 Street Address (P.O. Box Number is Not Acceptable)
2835 US 19
83
84 City
Holiday
85 Zip Code
FL 34691

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 John A. Karel John A. Karel 1-12-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILDEBRAND, ANN
STREET ADDRESS	7530 LITTLE RD
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	DS
NAME	WARD, SANDY
STREET ADDRESS	8939 LITTLE RD
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	DP
NAME	SHUFLATA, MARYRUTH
STREET ADDRESS	4360 MARINE PKWY
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	DT
NAME	KAREL, JOHN A.
STREET ADDRESS	5264 STATE RD 54
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	D
NAME	HART, ED
STREET ADDRESS	7438 US HWY 19
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	D
NAME	LIPIDAROV, DONNA
STREET ADDRESS	7812 STATE RD 52
CITY-ST-ZIP	BAYONET POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D Smith, Phyllis
2.3 STREET ADDRESS	Meridian at 7th St
2.4 CITY-ST-ZIP	Dade City, FL 33525
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D John De Witte
5.3 STREET ADDRESS	10220 US 19
5.4 CITY-ST-ZIP	Port Richey, FL 34668
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	DS Baker, Clara
6.3 STREET ADDRESS	5035 US 19
6.4 CITY-ST-ZIP	New Port Richey, FL

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 607.03(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A. Karel John A. Karel 1-12-95 (813) 934-0787
(Signature and typed or printed name of signing officer or director)