

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003437 (1)

1. Corporation Name

PAINT ST. PETE PROUD, INC.



Principal Place of Business

Mailing Address

CITY OF ST PETERSBURG
475 CENTRAL AVE
ST PETERSBURG FL 33701

CITY OF ST PETERSBURG
475 CENTRAL AVE
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 City of St. Petersburg

26 City of St. Petersburg

4. FEI Number

59-3194187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 One Fourth Street North

27 One Fourth Street North

City & State

City & State

23 St. Petersburg, Florida

28 St. Petersburg, Florida

Zip

Country

Zip

Country

24 33701

25 United States

29 33701

30 United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCREYNOLDS, JILL A
CITY OF ST PETERSBURG
475 CENTRAL AVE
ST PETERSBURG FL 33701

81 Name
Lynn Gilbert

82 Street Address (P.O. Box Number is Not Acceptable)
City of St. Petersburg

83 One Fourth Street North

84 City
St. Petersburg

FL

85 Zip Code
33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lynn Gilbert

Lynn Gilbert

3/19/96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BARLOW, ROBERT
STREET ADDRESS 11500 9TH ST N
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE D ☐ DELETE
NAME KURTZMAN, ROBIN
STREET ADDRESS 15351 ROOSEVELT BOULEVARD
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ DELETE
NAME LEVICK, CHIP
STREET ADDRESS 821 1ST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE MRA ☒ DELETE
NAME MCREYNOLDS, JILL
STREET ADDRESS 475 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director ☐ Change ☒ Addition
12 NAME Ed Aiken
13 STREET ADDRESS 365 105th Terrace NE
14 CITY-ST-ZIP St. Petersburg, FL 33716

21 TITLE Director ☐ Change ☐ Addition
22 NAME Kurtzman, Robin
23 STREET ADDRESS 15351 Roosevelt Boulevard
24 CITY-ST-ZIP Clearwater, FL 34620

31 TITLE Director ☐ Change ☒ Addition
32 NAME Lynn Allison
33 STREET ADDRESS 13535 Feather Sound Drive
34 CITY-ST-ZIP Clearwater, FL 34622

41 TITLE Manager/Registered Agent ☐ Change ☒ Addition
42 NAME Gilbert, Lynn
43 STREET ADDRESS One Fourth Street North
44 CITY-ST-ZIP St. Petersburg, FL 33701

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward G. Aiken

3/19/96

Date

576-4444

Daytime Phone #

CR2E037 (12/95)