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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
ONE FOURTH STREET NORTH
ST PETERSBURG FL 33701
USCITY OF ST PETERSBURG
ONE FOURTH STREET NORTH
ST PETERSBURG FL 33701-3804
US3. Date Incorporated or Qualified
07/26/19933a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

59-3194187

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

10. Name and Address of New Registered Agent

GILBERT, LYNN
CITY OF ST PETERSBURG
ONE FOURTH STREET NORTH
ST PETERSBURG FL 33701

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 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

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

Lynn Gilbert

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **AIKEN, ED**
STREET ADDRESS **365105TH TERRANCE NE**
CITY-ST-ZIP **ST PETERSBURG FL**1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **C. Mac Holley**
1.3 STREET ADDRESS **One Progress Plaza Suite 1900**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33701**TITLE **D** ☐ DELETE
NAME **KURTZMAN, ROBIN**
STREET ADDRESS **15351 ROOSEVELT BOULEVARD**
CITY-ST-ZIP **CLEARWATER FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **ALLISON, LYNN**
STREET ADDRESS **13535 FEATHER OSUND DRIVE**
CITY-ST-ZIP **CLEARWATER FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **M** ☐ DELETE
NAME **GILBERT, LYNN**
STREET ADDRESS **ONE FOURTH STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

1/16/97
Date**892-1764**Daytime Phone # **0049858**

CP2E037 (9/96)