

2016 FOR PROFIT CORPORATION REINSTATEMENT

11/16
2016

16 NOV -7 4:11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000125251

1. Entity Name
ALTON BOYETT PAINTING CO.

Principal Place of Business Mailing Address
415 DETROIT AVE 415 DETROIT AVE
PANAMA CITY, FL 32401 PANAMA CITY, FL 32401

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11072016 REIN-P CR2E098 (12/11)



4. FEI Number Applied For
33-1081124 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYETT, HELEN
415 DETROIT AVE
PANAMA CITY, FL 32401

Name Alton Boyett
Street Address (P.O. Box Number is Not Acceptable)
415 Detroit Ave.
City Panama City FL Zip Code 32401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alton Boyett 11/17/16
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2017, Fee will be \$900.00**

700292045947
11/07/16--01009--003 **150.00

10. OFFICERS AND DIRECTORS		11.	
TITLE	P <input type="checkbox"/> Delete	TITLE	
NAME	BOYETT, ALTON	NAME	
STREET ADDRESS	415 DETROIT AVE	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 32401	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, ERIC	NAME	
STREET ADDRESS	4901 MEADOW ST	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 32404	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alton Boyett 11/7/16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

K. ASHTON