

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37954 (5)

1. Corporation Name

PROFESSIONAL PAINTING SERVICES, INC.

~~XXXXXXXXXXXX~~ Professional Painting

Principal Place of Business

Mailing Address

EXPRESSWAY PARK
GULF LAB RD.
PITTSBURGH PA 15238

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GULF LAB RD.
PITTSBURGH PA 15238

FILED

96 OCT 22 AM 7:57

SECRETARY OF STATE



*filed as A/R
Reinstatement fee
waived mwb
10/24/96*

2. Principal Place of Business

2a. Mailing Address

21 1046 Pittsburgh Street

26 1046 Pittsburgh Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 City & State
Springdale, PA

27
28 City & State
Springdale, PA

24 Zip
15144

25 Country

29 Zip
15144

30 Country

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
03/22/1995

4. FEI Number

25-1419880

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

PADGETT, MATTHEW W.
1127 - 61 AVE. NORTH
ST. PETERSBURG FL 33703

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 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

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 DCP ☐ DELETE
NAME CRAWFORD, ROBERT E.
STREET ADDRESS 5595 FOX CHASE LANE
CITY-ST-ZIP EXPORT PA

TITLE DS ☐ DELETE
NAME LITSCHGE, JOANNE L.
STREET ADDRESS 1770 S. CANAL ST.
CITY-ST-ZIP PITTSBURGH PA

TITLE D ☐ DELETE
NAME ALVIN, LOU
STREET ADDRESS 11900 FRANKSTOWN RD.
CITY-ST-ZIP PITTSBURGH PA

TITLE VP ☐ DELETE
NAME PADGETT, MATTHEW W.
STREET ADDRESS 1127-61 AVE. NORTH
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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1046 Pittsburgh Street
1.4 CITY-ST-ZIP Springdale, PA 15144

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 600001986676
3.4 CITY-ST-ZIP -10/25/96--01111--005
****225.00 ****225.00

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE

PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-96

412-274-5060

CR2E034 (12/95)