

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P38682

(1)

1. Corporation Name

WATTYL PAINT CORPORATION

Principal Place of Business

5275 PEACHTREE INDUSTRIAL BLVD.  
ATLANTA GA 30341

Mailing Address

5275 PEACHTREE INDUSTRIAL BLVD.  
ATLANTA GA 30341-2626



3. Date Incorporated or Qualified  
05/06/1992

3a. Date of Last Report  
03/21/1996

4. FEI Number

58-0554837

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEEBNER, PETER B P.A.  
523 NORTH HALIFAX AVE.  
DAYTONA BEACH FL 32118

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	DP <input checked="" type="checkbox"/> DELETE
NAME	WARD, GEORGE D
STREET ADDRESS	5275 PEACHTREE INDUST.
CITY-ST-ZIP	ATLANTA GA
TITLE	D <input type="checkbox"/> DELETE
NAME	BOSHELL, GREG J.
STREET ADDRESS	48 WALKER ST.
CITY-ST-ZIP	AUSTRALIA
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SANFORD, SONYA C
STREET ADDRESS	5275 PEACHTREE INDUST.
CITY-ST-ZIP	ATLANTA GA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WARD, GEORGE D
STREET ADDRESS	5275 PEACHTREE INDUST.
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President / CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chris Bossett
1.3 STREET ADDRESS	308 Edgewater Old County Road
1.4 CITY-ST-ZIP	Edgewater, FL 32132
2.1 TITLE	Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Keesecker
2.3 STREET ADDRESS	308 Old County Road
2.4 CITY-ST-ZIP	Edgewater, FL 32132
3.1 TITLE	Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sonya C. Sanford
3.3 STREET ADDRESS	5275 Peachtree Ind. Blvd.
3.4 CITY-ST-ZIP	Atlanta, GA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012430

CR2E034 (9/96)