FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
95 MAY 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000965 (3)**

1. Entity Name

ORS QUALITY REFINISHING SPECIALISTS, INC.

Principal Place of Business	Mailing Address
1318 GREENDALE AVE FT. WALTON BEACH FL 32547 US	1318 GREENDALE AVE FT. WALTON BEACH FL 32547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1992**

3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. # or PO — 22:

Suite, Apt. # or PO — 27:

City & State — 23:

City & State — 28:

City — 24:

County — 25:

City — 29:

County — 30:

4. FEI Number: **59-3147215** ☐ 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 per s. 199.032, Florida Statutes.* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARRIETA, THOMAS E 3946 BALSAM DR NICEVILLE FL 32578	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	D ARRIETA, THOMAS E 3946 BALSAM DR NICEVILLE FL 32578	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	D WESOLY, MITCHELL 201 SWEETGUM CT NICEVILLE FL 32578	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP		3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP		4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP		5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP		6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Wesoly Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 8, 1995 904-862-0072
Date Daytime Phone #

0360272 CP