

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001369 (7)

1. Corporation Name

PAINTING BEAUTIFICATION, INC.

Principal Place of Business

10345 SOUTH EAST 123RD STREET ROAD
BELLEVUE FL 34420

Mailing Address

PO BOX 1061
SUMMERFIELD FL 34492

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

04/07/1994

4. FEI Number

59-3155248

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

21 5370 SE 30th PI

2a. Mailing Address

26 PO Box 1061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. D

27

City & State

23 Ocala FL

City & State

28 Summerfield Florida

Zip

24 34471

Country

25 U.S.A.

Zip

29 34492

Country

30 U.S.A

9. Name and Address of Current Registered Agent

SCHWARTZ, JEFF
10345 SE 123RD ST. ROAD
BELLEVUE FL 34420

10. Name and Address of New Registered Agent

81 Name

Jeff Schwartz

82 Street Address (P.O. Box Number is Not Acceptable)

5370 SE 30th PI

83

Apt. D

84 City

Ocala

FL

85 Zip Code

34471

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 and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jeff Schwartz

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

(NOTE: Agent's signature required when reappointing)

President 3/9/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P.V. STC

☒ Change ☒ Addition

1.2 NAME

Jeff Schwartz

1.3 STREET ADDRESS

5370 SE 30th PI Apt. D

1.4 CITY - ST - ZIP

Ocala FL 34471

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeff Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 904-694-6117

DATE TELEPHONE