

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:41

DOCUMENT # **P92000008289 (0)**

1. Corporation Name

PREMER PAINTING INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**240 HEDGEWOOD AVENUE
DELTONA FL 32738** **240 HEDGEWOOD AVENUE
DELTONA FL 32738**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/30/1992 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
59-3157927 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PIZZA, MICHAEL
240 HEDGEWOOD AVENUE
DELTONA FL 32738**

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PIZZA, MICHAEL
STREET ADDRESS	240 HEDGEWOOD AVENUE
CITY - ST - ZIP	DELTONA FL 32738
TITLE	S
NAME	BILLINGS, THOMAS L
STREET ADDRESS	31845 LAKEVIEW DR
CITY - ST - ZIP	EUSTIS FL
TITLE	V
NAME	HOPPE, GEORGE R
STREET ADDRESS	.
CITY - ST - ZIP	DELTONA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V
23 STREET ADDRESS	BILLINGS, THOMAS L
24 CITY - ST - ZIP	31845 LAKEVIEW DR EUSTIS FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NO LONGER EMPLOYED
33 STREET ADDRESS	←
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Michael P. Pina* 4/10/95 904-789-7834
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Typed Name)