

**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 # **P92000008289 (0)**

1. Corporation Name  
**PREMIER PAINTING INDUSTRIES, INC.**



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

3. Date Incorporated or Qualified: **11/30/1992**  
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business: **21 1560 AVIAN WAY**  
2a. Mailing Address: **26 1560 AVIAN WAY**

22. City & State: **23 DELTONA, FL**  
27. City & State: **28 DELTONA, FL**

24. Zip: **32725** 25. Country: **U.S.A.**  
29. Zip: **32725** 30. Country: **U.S.A.**

4. FEI Number: **59-3157927**  
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:  
**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): **1560 AVIAN WAY**  
83:  
84 City: **DELTONA** FL 85 Zip Code: **32725**

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

(NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PIZZA, MICHAEL	1.2 NAME	
STREET ADDRESS	240 HEDGEWOOD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	BILLINGS, THOMAS L	2.2 NAME	
STREET ADDRESS	31845 LAKEVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	S
NAME		3.2 NAME	TIMOTHY RHODES
STREET ADDRESS		3.3 STREET ADDRESS	13794 NORMANDY BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 if changed, or on an attachment with an address.

SIGNATURE: *Michael Pizza* **MICHAEL PIZZA** 4/18/96 407-860-3694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)