SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011486 (7)**

1. Corporation Name
J.D. GAGNON PAINTING & DECORATING, INC.

Principal Place of Business	Mailing Address
16 ROYAL PALM WAY APARTMENT 105 BOCA RATON FL 33432	16 ROYAL PALM WAY APARTMENT 105 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0375696	☐ Applied For ☐ Not Applicable
21 16 ROYAL PALM WAY	26 16, ROYAL PALM WAY		
Suite, Apt. #, etc. 22 105	Suite, Apt. #, etc. 27 105	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 BOCA RATON	City & State 28 BOCA RATON	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 FL 33432 / 25 USA	Zip / Country 29 FL 33432 / 30 U.S.A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SICILIANO, THOMAS V
980 NORTH FEDERAL HIGHWAY
SUITE 440
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: SAME
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] 6-13-95
Signature, typed or printed name of registered agent and date signed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GAGNON, JOSEPH A A.D.	12 NAME	
STREET ADDRESS	16 ROYAL PALM WAY APT. 105	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	
TITLE	OFFICER	21 TITLE	☐ Change ☐ Addition
NAME	IVAN VASQUEZ	22 NAME	
STREET ADDRESS	5647 ITHACA CIR EAST	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: [signature] 6-13-95 / 407-968-6713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000460 CP