

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

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:10

**DOCUMENT # P92000012945 (1)**

1. Corporation Name  
**ERNIE BARNES PAINTING, INC.**

Principal Place of Business <b>4850 LAKE MICHIGAN AVE COCOA FL 32926</b>	Mailing Address <b>4850 LAKE MICHIGAN AVE COCOA FL 32926</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/16/1992</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-3162229</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BARNES, NILE E  
4850 LAKE MICHIGAN AVE  
COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BARNES, NILE E</b>
STREET ADDRESS	<b>3135 LAKE MICHIGAN AVE</b>
CITY-ST-ZIP	<b>COCOA FL 32926</b>
TITLE	<b>D</b>
NAME	<b>BARNES, CHRIS S</b>
STREET ADDRESS	<b>4850 LAKE MICHIGAN AVE</b>
CITY-ST-ZIP	<b>COCOA FL 32926</b>
TITLE	<b>TREASURER + SECRETARY</b>
NAME	<b>JEROME E. BARNES</b>
STREET ADDRESS	<b>4850 LAKE MICHIGAN AVE</b>
CITY-ST-ZIP	<b>COCOA FL 32926</b>
TITLE	
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	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>4850 LAKE MICHIGAN AVE</del>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *Nile E. Barnes* **1-25-95** **407-639-3791**  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)