

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P92000012945 (1)

1. Corporation Name
ERNIE BARNES PAINTING, INC.



2. Principal Place of Business
**4850 LAKE MICHIGAN AVE
COCOA FL 32926**

Mailing Address
**4850 LAKE MICHIGAN AVE
COCOA FL 32926**

3. Date Incorporated or Qualified: **12/16/1992**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-3162229**
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

21. Suite, Apt #, etc
22. City & State
23. Zip
24. Country

26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country

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: **CHRIS S. BARNES**
82. Street Address (P.O. Box Number is Not Acceptable): **13692 YOUNGSTOWN AVE**
83. City: **ORLANDO** FL 85. Zip Code: **32780**

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: *Chris S. Barnes*

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, NILE E	1.2 NAME	DELETE
STREET ADDRESS	3135 LAKE MICHIGAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CHRIS S	2.2 NAME	
STREET ADDRESS	4850 LAKE MICHIGAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVINE E. BARNES	3.2 NAME	
STREET ADDRESS	4950 LAKE MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900001889179
STREET ADDRESS		4.3 STREET ADDRESS	-07/10/96--01026--005
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***8.75
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000001889180
STREET ADDRESS		5.3 STREET ADDRESS	-07/10/96--01026--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	900001889179
4.3 STREET ADDRESS	-07/10/96--01026--005
4.4 CITY-ST-ZIP	***8.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001889180
5.3 STREET ADDRESS	-07/10/96--01026--006
5.4 CITY-ST-ZIP	***225.00
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Chris S. Barnes* **CHRIS S. BARNES** 6-24-96 407-273-1557
Nile E. Barnes **NILE E. BARNES** 6-24-96 467-639-3791
Irene E. Barnes **IRENE E. BARNES Sec.** 6-24-96 407-639-3791

CR2E034 (3/96)