

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

AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **P93000008523 (1)**

1. Corporation Name:
DILLARD'S PAINTING COMPANY

Principal Place of Business: **3826 W CLEVELAND ST TAMPA FL 33609** ← *change*

Mailing Address: **3826 W CLEVELAND ST TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4718 N. GRADY		26 4718 N. GRADY		01/29/1993		02/15/1994	
22 UNIT C		27 Unit C		4. FEI Number		Applied For	
23 TAMPA Fla.		28 TAMPA Fla.		59-3160022		Not Applicable	
24 33614		25 United States		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 33614		30 United States		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOSEY, MICHAEL D 3826 W CLEVELAND ST TAMPA FL 33609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 which 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 607.0502, Florida Statutes.

SIGNATURE: *Michael D. Hohey Pres.*
Signature and typed or printed name of registered agent and the corporation
Registered Agent signature required when incorporating
Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSEY, MICHAEL D		12 NAME		
STREET ADDRESS	3826 W CLEVELAND ST		13 STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		14 CITY, ST, ZIP		
TITLE	VP		21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBIAK, STEPHEN L ← <i>resigned</i>		22 NAME	STRENGTH, Scott A	
STREET ADDRESS	12308 ELDON DR		23 STREET ADDRESS	4808 LYNN OAKS Circle	
CITY, ST, ZIP	LARGO FL		24 CITY, ST, ZIP	DOWEE Fla. 33527	
TITLE	S		31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOD, MARINO J ← <i>resigned</i>		32 NAME	BROOD, Beatrice M	
STREET ADDRESS	4321 N B ST		33 STREET ADDRESS	4521 W. PARIS	
CITY, ST, ZIP	TAMPA FL		34 CITY, ST, ZIP	TAMPA FL 33614	
TITLE			41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY, ST, ZIP			44 CITY, ST, ZIP		
TITLE			51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY, ST, ZIP			54 CITY, ST, ZIP		
TITLE			61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			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 119.07(3)(g), 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. But 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 D. Hohey Pres.*
Signature and typed or printed name of signing officer or director
Date
Signature Printed #