FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022745 (2)

BEAR PAINTING, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business 1120 CAROL AVENUE TITUSVILLE FL 32780			Mailing Address 1120 CAROL AVENUE TITUSVILLE FL 32780-3963			1 186(186) (19 1919) (11) (4(1) 46(1) 49)		11 Mart 4 M M 11	
						3. Date Incorporated or Qualified 03/24/1993	1	te of Las 30/199	st Report
2. Principal P	lace of Business	2a. Ma	ailing Address			4. FEI Number		701 100	Applied For
21		26				59-3180389	Not Applicable		
Sulte, Apt.	#, etc	Su	itc, Apt. #, etc.			Certificate of Status Desired			5 Additional
22		27			.,	Certificate of Statos Desired		Fee	Required
City & State	0	Cir	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	<u>. Ll</u>	Add	ed to Fees
Ζφ	Country	Zij	i)	Country		8. This corporation has liability for			
24	25	29		[30]			Yes [
	9. Name and Address of Curre	nt Registere	ed Agent	81	т	10. Name and Address of New Re	gistered A	gent	
SPRINGER, LINDA R 1120 CAROL AVENUE TITUSVILLE FL 32780			82	Street A	t Address (P.O. Box Number is Not Acceptable)				
				84	City			85 7	rip Code
					<u> </u>		<u> </u>	<u>L</u>	
agent. I a	m familiar with, and accept the obligation of th			Olf Registered Ap		corporation submits this statement for the poration's board of directors. I hereby acce	DATE		
12.	OFFICERS AF	ND DIRECTO		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D		☐ DELETE	1.1 TITLE	1			Chan	ge Addition
NAME	SPRINGER, LINDA R			1,2 NAME					
STREET ADDRESS	1120 CAROL AVENUE			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32780			1.4 CHY-	S1 - 71P				
TITLE	D		DELETE	2.1 TITLE				Chan	ge 🔲 Addıtio
NAME	SPRINGER, KENNETH S			2,2 NAME					
STREET ADDRESS	1120 CAROL AVENUE			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32780			2. 4 CITY	- S1 - ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE			DELF1E	3.1 TITLE				☐ Chan	ge Addition
NAME				3,2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3.4. CITY	- S1 - 7IP				
TITLE			∐ DELF1E	4.1 7171.E				Chan	ge 🔲 Addition
NAME				4. 2 NAM	[
STREET ADDRESS				4.3 S1REE	T ADDRESS				
CITY-ST-ZIP				4.4 CITY -	ST-ZIP				
THLE			LJ DELETE	5.1 ₹(1.1€				Chan	ge Addition
NAME				5,2 NAME					
STREET ADDRESS				5.3 \$TRE	1 ADDRESS				
CITY-ST-ZIP				5.4 CITY-					
TITLE			DELETE	6111111				Chan	ge 🔲 Addition
NAME :				6 2 NAME					
STREET ADDRESS	-12			63STREE	1 ADDRESS				
CITY-ST-ZIP				64 CHTY-	S1 - ZIP				
						(14. 11. 0. 11. 140 07/07/) Fig. 14. 01-14.	17 11	C.C.	1 . 1 . 1

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of this 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 3 if changed, or by an attachment with an address.