FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022960 (7)**

1. Corporation Name

LEGER PAINTING INCORPORATED

Principal Place of Business	Mailing Address
535 EMPRESS WAY LAKELAND FL 33803	535 EMPRESS WAY LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3178506 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1109 S. BLVD	26 1109 S. BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKELAND, FL.	City & State 28 LAKELAND FL.
Zip 24 33803 Country 25	Zip 29 33803 Country 30

9. Name and Address of Current Registered Agent

LEGER, MARLA
535 EMPRESS WAY
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	LEGER, LARRY	NAME	
STREET ADDRESS	535 EMPRESS WAY	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	DS	TITLE	☒ Change ☐ Addition — VP
NAME	LEGER, MARLA	NAME	KEITH CHEWNING
STREET ADDRESS	535 EMPRESS WAY	STREET ADDRESS	1109 S. BLVD
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	LAKELAND FL. 33803
TITLE	VP	TITLE	☒ Change ☐ Addition — VP
NAME	REED, ELLIOTT	NAME	MIKE CHEWNING
STREET ADDRESS	4822 RUSHING RD	STREET ADDRESS	1109 S BLVD
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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 I am an officer or director of the corporation and that the annual report or application 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-1-95 (813) 616-9628

0312995 CP