

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000023129 (8)

1. Corporation Name

SPECIALIZED PAINTING, INC.

Principal Place of Business

Mailing Address

301 N. MERIDIAN  
#9  
TAMPA 33 33602

P.O. BOX 7836  
TAMPA 33 33673-7836  
US



2. Principal Place of Business

2a. Mailing Address

21 4809 N ARMENIA  
Suite, Apt. #, etc.

26 P.O. Box 7836  
Suite, Apt. #, etc.

22 Suite 224  
City & State

27  
City & State

23 TAMPA FL  
Zip Country

28 TAMPA FL  
Zip Country

24 33603 25 Hillsborough

29 33673-7836 30 Hillsborough

9. Name and Address of Current Registered Agent

CARNEY, DANIEL M  
1521 RIVERSHORES WAY  
TAMPA FL 33603

3. Date Incorporated or Qualified

03/26/1993

3a. Date of Last Report

08/12/1996

4. FEI Number

59-3173670

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

CARNEY, DANIEL M

STREET ADDRESS

1521 W. RIVER SHORE WAY

CITY - ST - ZIP

TAMPA FL 33603

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

PRESIDENT

☐ Change

☒ Addition

1.2 NAME

CARNEY DANIEL M

1.3 STREET ADDRESS

1521 W RIVERSHORES WAY

1.4 CITY - ST - ZIP

TAMPA FL 33603

2.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

2.2 NAME

CARNEY GYIA M

2.3 STREET ADDRESS

1521 RIVERSHORES WAY

2.4 CITY - ST - ZIP

TAMPA, FL 33603

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

813-354-1422

Daytime Phone #

CR2E034 (9/96)