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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____1996

P93000024945 (6)

DOCUMENT # P90
1. Corporation Name
NORTHERN PAINTING INC.

Principa: Pla	ITHERN PAINTING INC. ICE Of Business 6TH AVE RAL FL 33914	Mailing Address 4502 SW 6TH AVE CAPE CORAL FL 33:	914		
2. Principal	Place of Business	-· - 		 Date Incorporated or Qualified 03/31/1993 	3a. Date of Last Report 03/13/1995
21	LINGO OF DIGNIESS	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	t #, etc.	Suite, Apt. #, etc.		65-0390834	Not Applicable
City & Sta	afe	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	•••	City & State		6. Election Campaign Financing	\$5.00
Zιρ	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Florida Statutes	intangible tax under sil 199,032,
	9. Name and Address of Cura	ent Registered Agent		10. Name and Address of New R	L No
GRAH/	AM, GEORGE		81 Name		ogistered Agent
4502 \$	SW 6TH AVE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	la
CAPE	CORAL FL 33914		83	- To the transfer of the trans	ie)
			0.3		
			84 City		85 Zip Code
 Pursuant or registe 	to the provisions of Sections 607.056	02 and 607.1508, Florida Statut	es, the above named corpo	oration submits this statement for the pure and of directors. Thereby accept five annotation	
	ith, and accept the obligations of, Se	ction 607.0505, Florida Statutes	ed by the corporation's bo i.	pration submits this statement for the purp and of directors. Thereby accept the appo	ucise or changing its registered office introduced as registered agent. I am
SIGNATURE	Stynature, by ed or printed han clot registered age				
12.	OFFICERS A	VD DIRECTORS	*E. Fu godered Agend signature requir		
TITLE	P	DELETE	1 1 11111	ADDITIONS/CHANGES TO OFFIC	
NAME	GRAHAM, GEORGE 4502 SW 6TH AVE.		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	CAPE CORAL FL 33914		1.3 STREET ADDRESS		
CITY-ST-ZIF	ON E COME PE 33914		1.4 CITY - S1 - 7IP		[
NAME		☐ DEFETE	2) TITLE		Change Addition C
STREET ADDRESS			2 2 NAME		C ondings C Addition
CITY-ST-ZIP			23 STREET ADDRESS		
TrILE		DELETE	2.4 C'TY - ST - ZIP		
NAME			3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			3 4 City - St - ZiP		
TITLE	· ····	DELETE	4 1 ThTut		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY - ST - ZIP THTLE			4.4.CITY - S1 - 7:P		
NAME		[] DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CHTY - ST - ZIP			5.3 STREET ADDRESS		
ITLE		D) DC: CT	5 4 Cily · S1 - ZiP		
IAME		DELETE	6 1 TITLE		Change Addition
TREET ADDRESS			6.2 NAME		_
11 Y - ST - ZIP			6.3 STREET ADDRESS		
4. I do hereby	certify that the information supplied	70	64011Y-S1-ZIP		ļ

4. To 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: June 13 of changed or on an attachment with an address.

4/26/96 (941)549-6236