

FILE NOW: FILING FEE AFTER MAY 1 IS \$27.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038027 (7)

1. Corporation Name

LECLAIR BROTHERS PAINTING, INC.



Principal Place of Business

2376 PEMBROOKE DR
CLEARWATER FL 34624

Mailing Address

2376 PEMBROOKE DR
CLEARWATER FL 34624

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1140 Drew Street

2a. Mailing Address

26 1140 Drew Street

4. FEI Number

59-3190766

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

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip 34615

Country PI

24

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip 34615

Country PI

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECLAIR, JOHN
2376 PEMBROOK DR
CLEARWATER FL 34624

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

1140 Drew Street

B3

B4 City

Clearwater

FL

B5

Zip Code

34615

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 the date of signature

(If the registered agent is a corporation, the name of the corporation and the name of the person authorized to sign on behalf of the corporation)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LECLAIR, JOHN
2376 PEMBROOK DR
CLEARWATER FL

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1140 Drew Street
Clearwater, FL 34615

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

441-4407

CR2E034 (12/95)