

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DAVID B. MEYER
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY - 1 1995 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039137 (3)**

To: Corporation Name:

FAULKNER PAINTING, INC.

Principal Office Address
**701 BREAKWATER TERRACE
SEBASTIAN FL 32958**

Mailing Address
**701 BREAKWATER TERRACE
SEBASTIAN FL 32958**

Director of Finance, Tax & Audit

3. Date Incorporated or Qualified 06/02/1993	3a. Date of Last Report 05/01/1994
4. FID Number 65-0416733	Applied For Not Applicable
5. Certificate of Status Expires	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
6. This corporation has publicly not a public corporation under Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address 701 Breakwater Terrace Sebastian, FL 32958	2a. Mailing Address 701 Breakwater Terrace Sebastian, FL 32958
22. State, Apt. # or P.O. Box	27. State, Apt. # or P.O. Box
23. City & State	28. City & State
24. Zip	30. Zip

9. Name and Address of Current Registered Agent

**FAULKNER, JOHN D
701 BREAKWATER TERRACE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. The undersigned, in compliance of Sections 607.02 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 this statement as registered agent. I am familiar with and accept the duties of the new registered agent, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary)

(Signature of Registered Agent or Secretary)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME PTD FAULKNER, JOHN D 701 BREAKWATER TERRACE SEBASTIAN FL 32958	1. NAME 1. NAME 1. OFFICE ADDRESS 1. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME V FAULKNER, TODD W 8446 102ND AVE. VERO BEACH FL 32967	2. NAME 2. OFFICE ADDRESS 2. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME S RITTER, ROBERT 1217 SCHUMANN DR., APT. A SEBASTIAN FL 32958	3. NAME 3. OFFICE ADDRESS 3. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME	4. NAME 4. OFFICE ADDRESS 4. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME	5. NAME 5. OFFICE ADDRESS 5. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME	6. NAME 6. OFFICE ADDRESS 6. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME	7. NAME 7. OFFICE ADDRESS 7. CITY, ST. & ZIP	☐ Change ☐ Addition	
NAME	8. NAME 8. OFFICE ADDRESS 8. CITY, ST. & ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that this document is prepared with the utmost good faith and good conscience for the purposes stated in Section 607.02, Florida Statutes. I further certify that the information included in this annual report or supplemental report is true and accurate and that my signature, together with the name and position of each individual making the report, shall be a part of the corporate records of the corporation or the officer or officers responsible for the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *John D Faulkner*

(Signature and Typed or Printed Name of Signing Officer or Director)

JOHN D FAULKNER

4/26/95 407 589-0273