

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000041321 (9)**

1. Corporation Name
INTEGRITY PAINTING CONTRACTORS INC.



Principal Place of Business

**6556 MARISSA CIR.
UNIT 922
LAKE WORTH FL 33467
US**

Mailing Address

**6556 MARISSA CIR.
UNIT 922
LAKE WORTH FL 33467
US**

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **6556 MARISSA CIR**

26 **6556 MARISSA CIR**

4. FEI Number
65-0412783

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **LAKE WORTH FL.**

28 **LAKE WORTH FL.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24 **33467**

25 **PAIM BEACH**

29 **33467**

30 **PAIM BEACH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, PAUL
5084 ASHLEY LAKE DRIVE
UNIT 922
BOYNTON BEACH FL 33437**

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 607.1506, 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 then it applicable (Date) (Signature) (Typed Name) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
JOHNSON, PAUL R
STREET ADDRESS
5084 ASHLEY LAKE DR, 9-22
CITY-ST-ZIP
BOYNTON BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
JOHNSON, ALICE P
STREET ADDRESS
5084 ASHLEY LAKE DR, 9-22
CITY-ST-ZIP
BOYNTON BEACH FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-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 *Paul R. Johnson* **PAUL R. JOHNSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96
Date

407-641-3116
Daytime Phone

CR2E034 (12/95)