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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000041482 (9)

Principal Place of Business	Mailing Address	
323 SW 10TH BLVD ALACHUA FL 32815	PO BOX 1034 ALACHUA FL 32615	

FILED May 15 1998 8:00am Secretary of State

	RS PAINT COMPANY De of Business	Mailing Address			
323 SW 10TH BLVD PO BOX 1034 ALACHUA FL 32815 ALACHUA FL 3		PO BOX 1034 ALACHUA FL 32615	DO NOT WRITE IN THIS SPACE		IC CDACE
				3. Date Incorporated or Qualified	13 STACE
				06/04/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
il		26		59-3193969	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
4	25	29	30	Personal Property Tex due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	ed Agent
	IIVERS, JAMES D		81 Name		
	3 SW 10TH BLVD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
AL	ACHUA PL 32815				
			83		
			84 City		85 Zip Code
				F	L S Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accord the obli-	502 and 607.1508, Florida Statte of Florida Such change was	ules, the above-named corps authorized by the corporal Florida Statutes		
SIGNATURE	Signature, hyped or printed name of registered a	equal and title if applicable (NC	OTE: Registered Agent signature requir	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, hyped or printed name of registered a			oration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaing) ADDITIONS/CHANGES TO OFFICERS A	e of changing its registered appointment as registered in the second second second and DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, hyped or printed name of registered a	igent and title if applicable (NC ND DIRECTORS	OTE: Registered Agent signature require	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaing) ADDITIONS/CHANGES TO OFFICERS A	e of changing its registered appointment as registered in the second second second and DIRECTORS IN 12
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11. Pursuant office or r agent. La SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE	Signature, hyperd or printed name of registered a OFFICERS A P SHIVERS, JAMES D 14429 N.W. 154TH TERRAC	ogeni and title if appropriate (NC ND DIRE CTORS	D1E: Registered Agent signature requirements of the second signature requirements of	poration submits this statement for the purpose tion's board of directors. I hereby accept the and when reinstating) ADDITIONS/CHANGES TO OFFICERS A Structure of the control of the cont	e of changing its registered appointment as registered ND DIRECTORS IN 12 Change Addition
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receipt compared information supplied with this into coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under eath; 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 chapter, or on an attachment with an address.

11 20.90

270 (1001)