SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000051312 (5)**

1. Corporation Name
PAINTBRUSHES ETC., INC.

Principal Place of Business	Mailing Address
~~5715 NE 14TH AVE.~~ ~~FT. LAUDERDALE FL 33334~~	~~5715 NE 14TH AVE.~~ ~~FT. LAUDERDALE FL 33334~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1993	3a. Date of Last Report: 06/16/1994
2. Principal Place of Business (21): 31 NE 15 AVE	2a. Mailing Address (26): 31 NE 15 AVE
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): POMPANO BCH FL	City & State (28): POMPANO BCH FL
Zip (24): 33060 Country (25): BROWARD	Zip (29): 33060 Country (30): BROWARD
4. FEI Number: 65-0424663	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~METHVEN, SCOTT~~
~~3172 NE 15TH AVE~~
~~POMPANO BCH FL 33060~~

10. Name and Address of New Registered Agent

81 Name: SCOTT METHVEN
82 Street Address (P.O. Box Number is Not Acceptable): 31 NE 15 AVE
83:
84 City: POMPANO BCH FL 85 Zip Code: 33060

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 [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13. [illegible]		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	METHVEN, SCOTT	12 NAME	METHVEN, SCOTT	
STREET ADDRESS	31 1/2 NE 15TH AVE	13 STREET ADDRESS	31 NE 15 AVE	
CITY ST ZIP	POMPANO BEACH FL 33060	14 CITY ST ZIP	POMPANO BCH FL 33060	
TITLE	DST	21 TITLE	DST	☒ Change ☐ Addition
NAME	KINSER, SHERRILL	22 NAME	KINSER, SHERRILL	
STREET ADDRESS	531 N. OCEAN BLVD. #1106	23 STREET ADDRESS	11 CENTENNIAL CT	
CITY ST ZIP	POMPANO BEACH FL 33062	24 CITY ST ZIP	DEERFIELD BCH, FL 33073	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: Scott Methven 7/25/95 305 771-3950
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Telephone Number)

0070328 CR