

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:31

DOCUMENT # P93000053564 (9)

1. Corporation Name

A.B.K. PAINTING, INC.

Principal Place of Business

1748 V. RUMAR LANE
HOLIDAY FL 34691
US

Mailing Address

1740 B. RUMAR LANE
HOLIDAY FL 34691
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/27/1993

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

21 1748 B. RUMAR LN.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3197232

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

RAINEY, KATHERINE A.
1748 B. RUMAR LANE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME RAINEY, KATHERINE A
STREET ADDRESS 1748 B. RUMAR LANE
CITY - ST - ZIP HOLIDAY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE TAVP
NAME SMALLWOOD, AL
STREET ADDRESS 1748 B. RUMAR LANE
CITY - ST - ZIP HOLIDAY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE TAST
NAME HARDING, BILL
STREET ADDRESS 1809 B. RUMAR LANE
CITY - ST - ZIP HOLIDAY FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TAST
3.3 STREET ADDRESS HARDING, BILL
3.4 CITY - ST - ZIP 1734 B. RUMAR LANE
HOLIDAY FL 34691

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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:

Katherine A. Rainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE A. RAINEY

6/3/95

813-937-1322