

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:35

DOCUMENT # **P93000060443 (7)**

1. Corporation Name
PARAMOUNT PAINTERS CORP.

Principal Place of Business Mailing Address
53 BEECHWOOD DR ORMOND BEACH FL 32176 **53 BEECHWOOD DR ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3196582** Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21 **PARAMOUNT PAINTERS CORP.** 26 **PARAMOUNT PAINTERS CORP.**
Suite, Apt. #, etc Suite, Apt. #, etc
22 **72 BROCKTON LANE** 27 **72 BROCKTON LANE**
City & State City & State
23 **Palm Coast Fl.** 28 **Palm Coast Fl.**
Zip Zip
24 **32137** 25 **Flagler** 29 **32137** 30 **Flagler**

9. Name and Address of Current Registered Agent
DEMERS, DANIEL
72 BROCKTON LN
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name **DANIEL DEMERS**
82 Street Address (P.O. Box Number is Not Acceptable) **72 BROCKTON LANE**
83
84 City **Palm Coast** FL 85 Zip Code **32137**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Daniel DeMers* **DANIEL DEMERS** **PRESIDENT** **5/25/95**
(Signature subject to jurisdiction of any state having jurisdiction) (Date Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	GATLIN, RAYMOND
STREET ADDRESS	53 BEECHWOOD DR
CITY ST ZIP	ORMOND BEACH FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT / D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DANIEL DEMERS
13 STREET ADDRESS	72 BROCKTON LANE
14 CITY ST ZIP	Palm Coast Fl. 32137
21 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LOAI DEMERS
23 STREET ADDRESS	72 BROCKTON LANE
24 CITY ST ZIP	Palm Coast Fl 32137
31 TITLE	SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CLAIR JACOBSON
33 STREET ADDRESS	2729 Bellmore Ave
34 CITY ST ZIP	Bellmore N.Y. 11710
41 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DAVID JACOBSON
43 STREET ADDRESS	2729 Bellmore Ave
44 CITY ST ZIP	Bellmore N.Y. 11710
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(9)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Daniel DeMers* **DANIEL DEMERS** **Feb 15 1995** **(904) 445 2835**
(Signature and typed or printed name of signing officer or director)