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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000072277 (5)

1. Corporation Name

THE PAINT STORE OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

1740 SHERMAN AVE
PANAMA CITY FL 32405
US

1740 SHERMAN AVE
PANAMA CITY FL 32405-6283
US



2. Principal Place of Business

2a. Mailing Address

21 322 Long Ave

26 322 Long Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Port St Joe FL

Port St Joe FL

24 Zip

25 Country

29 Zip

30 Country

32456

Gulf

32456

Gulf

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

04/12/1996

4. FEI Number

59-3203760

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

PARK, SHERRY A
1740 SHERMAN AVE
PANAMA CITY FL 32405

81 Name Park, Sherry A.

82 Street Address (P.O. Box Number is Not Acceptable)

322 Long Ave

83

84 City Port St Joe

FL

85 Zip Code 32456

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

Sherry A. Park

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PARK, SHERRY A
STREET ADDRESS 1740 SHERMAN AVE 322 Long Ave
CITY - ST - ZIP PANAMA CITY FL Port St Joe FL 32456

TITLE V ☐ DELETE
NAME PARK, C TAFT
STREET ADDRESS 1740 SHERMAN AVE 322 Long Ave
CITY - ST - ZIP PANAMA CITY FL Port St Joe FL 32456

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

Sherry A. Park

4/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062617

CR2E034 (9/96)