

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001478816
-05/08/95--01048--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000073684 (1)

1. Corporation Name

PAINTERS WALK CORPORATION

Principal Place of Business

Mailing Address

9 CIRCLE OAKS TRAIL
ORMOND BEACH FL 32174

9 CIRCLE OAKS TRAIL
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

10/25/1983

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3239046

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for changeable tax under S. 199.999,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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]

NOTE: Registered Agent signature required when registering.

(SNT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SINGLETARY, C W
STREET ADDRESS	9 CIRCLE OAKS TRAIL
CITY, ST, ZIP	ORMOND BEACH FL 32174
TITLE	V
NAME	HORAN, JOHN W
STREET ADDRESS	9 CIRCLE OAKS TRAIL
CITY, ST, ZIP	ORMOND BEACH FL 32174
TITLE	ST
NAME	SINGLETARY, MIKE
STREET ADDRESS	9 CIRCLE OAKS TRAIL
CITY, ST, ZIP	ORMOND BEACH FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information evaluated 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature: [Signature]