FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081102 (4)

1. Corporation Name
PRO FINISH II INC.

Principal Place of Business	Mailing Address
253 CARSWELL AVENUE HOLLY HILL FL 32117	253 CARSWELL AVENUE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

4. FEI Number: 59-3211720 ☐ 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

9. Name and Address of Current Registered Agent

BRIDGE, SUSAN H
253 CARSWELL AVENUE
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name: MARION W. BRIDGE JR
82 Street Address (P.O. Box Number is Not Acceptable): 253 CARSWELL AVE
83 City: HOLLY HILL
84 FL 85 Zip Code: 32117

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: Marion W. Bridge Jr. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	BRIDGE, SUSAN H	1.2 NAME	MARION W. BRIDGE JR.
STREET ADDRESS	1304 OVERBROOK DRIVE	1.3 STREET ADDRESS	1304 OVERBROOK DRIVE
CITY ST ZIP	ORMOND BEACH FL 32174	1.4 CITY ST ZIP	ORMOND BEACH FL. 32174
TITLE	V	2.1 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME	CHILDRESS, SHARON Y	2.2 NAME	JERRY D. CHILDRESS
STREET ADDRESS	280 MCINTOSH ROAD	2.3 STREET ADDRESS	270 MCINTOSH ROAD
CITY ST ZIP	ORMOND BEACH FL 32174	2.4 CITY ST ZIP	ORMOND BEACH, FL. 32174
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 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: Marion W. Bridge Jr. MARION W. BRIDGE JR. 4/28/95 904-257-9265
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008423 CP