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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P9400009841 (5)

PROFESSIONAL PAINTING SERVICES OF CENTRAL FLORID A, INC.

Principal Place of Business

Mailing Address



763 BAFFIE WINTER PAI	DR RK FL 32789		763 BAFFIE DR Winter Park FL 32789						
						3. Date Incorporated or Qua 01/28/1994	lified <b>3a.</b> Da	te of Last Repo	
2. Principal Pla	ce of Business	2a. Maulu	2a. Mailing Andress			4. FEI Number			lied For
21		26	26			59-3223565 Not Applicable			
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			5. Certificate of Status Desire	ad El	\$8.75 Ac	Iditional
22		27				5. Serandare of Status Besit	ed 🔲	Fee Req	
City & State		F	& State			6. Election Campaign Financ		\$5.00 M	lay Be
Z <sub>1</sub> p	Country	28		Cr		Trust Fund Contribution		Added to	
24	25	21p	}.	Countr <b>30</b> ]	ý	8. This corporation has habin		tax under si 199	).032,
	9. Name and Address of Cur		Agent	30]		Florida Statutes  10. Name and Address of N	Yes No	Azont	
				81	Name	TO, Name and Address of P	iew negistered	Agent	
• PRETE.	JOHN S JR								
	FFIE DR			82	Street Ad	ldress (P.O. Box Number is Not Acc	eptable)		
	HAVEN PARK FL 32789			83				<del></del>	
,									
:				84	City		FL	85 Zip Co	xde
11. Pursuant to	the provisions of Sections 607.09	02 and 607.1508	. Florida Statutes	the above	named core	poration submits this statement for the		-	
	d agent, or both, in the State of FI i, and accept the obligations of, Si			by the corp	noration's be	poration submits this statement for the pand of directors. I hereby accept the	ie purpose or cri pappointment a:	ianging its regis: s registered age	tered office   int Lam
	, and encept the congenions of	mar airt oar abaa.	riolida Statutes						
SIGNATURE - si	ignature. Speed or printed name of registerest a	jert anelittic magicia ata	<u></u>	Hag desal A p	1.5.00 (5.7.1.5.1)	pred when repelating)			
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO		D DiBECTORS I	IN 12
T:TLE	D		DELETE	1.17.11.1	·- F				Addition
NAME	prete, John S Jr			1.2 NAME			'		110311017
STREET ADDRESS	763 BAFFIE DR			1.3 STREE	ADDRESS				
CITY-ST-ZiP	WINTER PARK FL 32789			1.4 CiTY-	ST - ZIP				
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NAME				2.2 NAME	ļ		·		
STREET ADDRESS				2.3 STREE	ADDRESS				
CiTy - S1 - ZiP				2.4 CHY-5	ST - ZIP				
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NAME				4.2 NAME					
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NAME				5.2 NAME		***** <b>EUU-U</b> U		-/ 1	
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CITY-ST-ZIP			=	5.4 CITY - S	T-ZP			Jan	
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NAME				€ 2 NAME				0,	
STREET ADDRESS				63STREET	ADDRESS				
CITY - ST - ZIP	certify that the information supplier			64 CITY S	1 - ZIP				
	acount mai the minimization Sulfifica	A WILLIAMS THOOLIS	Decougation of the second of the	od and dag	5 mot a .516	for the eventual and the first of			

r up bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: <

SIGNATURE AND TYPED OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. PRETE, JR 5/10/96

407-769-9014