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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:41

DOCUMENT # P94000011493 (1)

1. Corporation Name
TERRIFIC TOUCH PAINTING, CORP.

Principal Place of Business	Mailing Address
1905 SUMMER WIND DR WINTER PARK FL 32792	1905 SUMMER WIND DR WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report: 1/26/94

2. Principal Place of Business
21: 5660 CENTURY 21 BLVD
Suite, Apt. #, etc.
22: APT. # 56
City & State
23: ORLANDO, FLA.
Zip
24: 32807
County
25: ORANGE

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

4. FEI Number: 59-3221048
☐ 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

BALCAZAR, CESAR A
1905 SUMMER WIND DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: BALCAZAR, CESAR A.
82 Street Address (P.O. Box Number is Not Acceptable): 5660 CENTURY 21 BLVD.
83: APT. 56
84 City: ORLANDO FL 85 Zip Code: 32807

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] 02/08/95
Signature of the within named registered agent and the date of acceptance (FOR Registered Agent Corporation required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BALCAZAR, CESAR A	12 NAME	
STREET ADDRESS	1905 SUMMER WIND DR	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BALCAZAR, CESAR A	22 NAME	
STREET ADDRESS	5660 CENTURY 21 BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	APT. #56 ORLANDO, FLA. 32807	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this report is complete, accurate and not misleading. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/95
Date

(407)678-3946
Daytime Phone #

0047001 CP