

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012796 (6)

1. Corporation Name

SHORTER PAINTING, INC.

Principal Place of Business

7611 SO. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

Mailing Address

7611 SO. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3226886

Applied For

Not Applicable

5. Certificate of Status Dashed

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOERSEN, KATHERINE L
1590 GAY ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

GREG S. SHORTER

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

7611 S. ORANGE BLOSSOM TR. #158

83

84 City

ORLANDO

FL

85 Zip Code

32809

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

Greg Shorter

(Signature of Registered Agent and Title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

4-25-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHORTER, GREG
STREET ADDRESS	7611 SO. ORANGE BLOSSOM TRAIL
CITY ST ZIP	ORLANDO FL 32809
TITLE	D
NAME	JONES, KATHY
STREET ADDRESS	7611 SO. ORANGE BLOSSOM TRAIL
CITY ST ZIP	ORLANDO FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	Jones Removed
23 STREET ADDRESS	AS Director
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

Greg Shorter

(Signature and Typed or Printed Name of Signing Officer or Director)

GREG S. Shorter 4-25-95 (407) 299-3624

(Date)

(Typed Name)