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 APR 27 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016656 (8)**

1. Corporation Name
SUNSHINE PAINTING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
14125 N RD LOXAHATCHEE FL 33470	14125 N RD LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21 14125 NORTH RD.
Suite, Apt. #, etc. 22
City & State 23 LOXAHATCHEE FL
Zip 24 33470 County 25 USA

2a. Mailing Address
26 P.O. BOX 455
Suite, Apt. #, etc. 27
City & State 28 LOXAHATCHEE FL
Zip 29 33470 County 30 USA

4. FEI Number: 65-0236425 ☐ 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

LEACH, PAUL M
14125 N RD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name: LEACH, PAUL M.
82 Street Address (P.O. Box Number is Not Acceptable)
83 14125 NORTH RD
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

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: Paul M Leach, Pres PAUL M. LEACH 4/24/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LEACH, PAUL M 14125 N RD LOXAHATCHEE FL 33470	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☑ Change ☐ Addition P LEACH, PAUL M. 14125 NORTH RD. LOXAHATCHEE FL 33470
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☒ Addition SIT LEACH, BARBARA A. 14125 NORTH RD LOXAHATCHEE FL 33470
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☑ Addition V KIMBERLY L. MCNABNEY 6220 WASHINGTON BLVD (AHL) INDIANAPOLIS IN 46220
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 added in an attachment with an address.

SIGNATURE: Paul M Leach, Pres. PAUL M. LEACH 4/24/95 407 798 6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439222 FP