

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016656 (8)

1. Corporation Name
SUNSHINE PAINTING CONTRACTORS, INC.



Principal Place of Business
14125 NORTH RD
LOXAHATCHEE FL 33470
US

Mailing Address
P O BOX 455
LOXAHATCHEE FL 33470
US

3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Record 04/27/1995
4. FEI Number 65-0236425 0481239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LEACH, PAUL M
14125 NORTH RD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

Date

Paul M. Leach, Pres

4-23-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V
NAME	LEACH, PAUL M	1.2 NAME	KIMBERLY McNABNEY
STREET ADDRESS	14125 NORTH RD	1.3 STREET ADDRESS	27C ASPEN DR.
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	GREENSBORO NC 27409
TITLE	ST	2.1 TITLE	V
NAME	LEACH, BARBARA A	2.2 NAME	TIMOTHY J. CATANZARO
STREET ADDRESS	14125 NORTH RD	2.3 STREET ADDRESS	414 MAYFLOWER RD
CITY-ST-ZIP	LOXAHATCHEE F	2.4 CITY-ST-ZIP	W. PALM BCH FL 33405
TITLE	V	3.1 TITLE	
NAME	MCNABNEY, KIMBERLY L	3.2 NAME	
STREET ADDRESS	6220 WASHINGTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul M. Leach

PAUL M. LEACH

4-23-96

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