FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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	Mailing Address
14125 NORTH RD LOXAHATCHEE FL 33470 US	P O BOX 455 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1165 N. OCEAN DR.	26 1165 N. OCEAN DR.
22 Suite N	27 Suite N
23 Singer Island FL	28 Singer Island FL
24 33404 / 25 USA	29 33404 / 30 USA

4. FEI Number: 65-0481239 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: LEACH, PAUL M.
82 Street Address (P.O. Box Number is Not Acceptable): 3640 N. OCEAN DR
83: Unit 428
84 City: Singer Island **FL** 85 Zip Code: 33404

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 — PAUL M. Leach — 4-8-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEACH, BARBARA A 14125 NORTH RD LOXACHATCHEE F	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST Leach, Barbara 3640 n. Ocean Dr. Unit 428 Singer Island FL 33404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CATANZARO, TIMOTHY J 31 SPRINGDALE CIRCLE LAKE WORTH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Leach, Paul M. 3640 n. Ocean Dr. Unit 428 Singer Island FL 33404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Paul M Leach — Pres. PAUL M. Leach — 4/18/98 — 5618428511