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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019939 (5)

RE: PAINT STORE, INC.

Principal Place of Business

| 1465 SUNSET POINT RD CLEARWATER FL 34615 US | | 1465 SUNSET POINT RD CLEARWATER FL 34615-1537 US | | | | | | | | |
|---|---|--|------------|---------------|--|--|---------------------------|------------------------|----------------------------|--|
| | | | | | 3. Date Incorpor 03/10/1994 | | 3a. Date 07/02 | | eport | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Ap | plied For | |
| 21 | | 26 | | | 59-32280 | 38 | | No | t Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of S | Status Desired | | Fee Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Zip 24 | Country 25 | Zip Country 29 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | | | |
| | g. Name and Address of Curren | t Registered Agent | 81 | | 10. Name and Ad | idress of New Re | gistered Age | ent | | |
| MAGUIRE, PATRICK T | | | | Name | | | | | | |
| 308 NORTH BELCHER ROAD CLEARWATER FL 34825 | | | 82 | Street A | Address (P.O. Box Numb | er is Not Acceptab | le) | | | |
| | | | 83 | | | | | | | |
| | | | 84 | City | | | FL | 35 Zip (| Code | |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig: | of Florida. Such change was au | thorized b | the corp | corporation submits this coration's board of director | statement for the pors. I hereby accep | urpose of chot the appoin | anging its tment as | s registered registered | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typicolor printed mene of registered age | | | ent signature | required when reinstating) | | DATÉ | | | |
| 12. | OFFICERS AN D President | D DIRECTORS DELETE | 13. | т | · | IANGES TO OFFIC | | RECTOR Change | S IN 12 Addition | |
| TITLE NAME | STONE, Jeffrey T | | 1.2 NAME | | President | | 40 | Change | Accounter | |
| STREET ADDRESS | | | | ADDRESS | Stone, Jeff | frey T. | | | 1 | |
| CITY-ST-ZIP | 14800 Ft 0.0 B W.O. | | 1.4 CITY-1 | | Largo, FL | 33770 | ` | |] | |
| TITLE | D Secretary | ☐ DELETE | 2.1 TITLE | 31 - En | Secretary | 33111 | | Change | Addition | |
| NAME | A-AL 1 - 7 | | 2.2 NAME | | Stone, Lail | la D | - | | | |
| STREET ADDRESS | 1331 MARKLEY DRIVE | | 2.3 STAEE | ADDRESS | acone, nai | la K. | | | | |
| City-St-ZiP | LARGO FL 33770 2.4 | | 2. 4 CITY- | ST-ZIP | Largo, FL | 33770 |) | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREE | ADDRESS | | | | | | |
| C-TY - ST - ZIP | | | 3.4. CITY- | ST-ZIP | | · | | | | |
| TI*LE | | ☐ DELETE | 4.1 TITLE | | | | L. | Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4 3 STREE | ADDRESS | | | | | | |
| COTY - ST - ZIP | | T DELETE | 4.4 CITY-: | ST-ZIP | | | | Character | T addition | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | | | Ļ | Change | L Addition | |
| NAME | | | 52 NAME | | | | | | | |
| STREET ADDRESS | | | 1 | ADDRESS | | | | | | |
| C·TY - ST - ZIP | | DELETE | 5.4 CITY-1 | ST - ZIP | | | | Change | Addition | |
| TITLE | | L'1 DETEIE | 6.1 TITLE | | | | L | Ominge | L-T VOIDING | |
| NAME STOLEY ADODUSES | | | 6.2 NAME | r annucee | | | | | | |
| STREET ADDRESS | | | | ADDRESS | • | | | | | |
| CITY - ST - ZIP | | | 6.4 CITY - | st-ZIP | | | | | | |

14. I do 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

Xaila R. Stone Laila R. Stone

1/22/97

(813)586-3331

Jaylime Phone #

FILED

Jan 28 1997 8:00am

Secretary of State