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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000030488 (8)**

1. Corporation Name
HILLSBOROUGH PAINT & DECORATING INC.

Principal Place of Business	Mailing Address
11707 N. DALE MABRY HIGHWAY TAMPA FL 33618	11707 N. DALE MABRY HIGHWAY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: INITIAL

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

4. FEI Number: 59-3238603 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 _____ (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	D	11 TITLE	☐ Change ☐ Addition
NAME	MAYOR, JOEL J	12 NAME	
STREET ADDRESS	51 CHESTNUT RIDGE ROAD	13 STREET ADDRESS	
CITY ST ZIP	MONTVALE NJ 07645	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RYAN, JAMES F	22 NAME	
STREET ADDRESS	51 CHESTNUT RIDGE ROAD	23 STREET ADDRESS	
CITY ST ZIP	MONTVALE NJ 07645	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PICK, ROBERT D	32 NAME	
STREET ADDRESS	51 CHESTNUT RIDGE ROAD	33 STREET ADDRESS	
CITY ST ZIP	MONTVALE NJ 07645	34 CITY ST ZIP	
TITLE		41 TITLE	PRESIDENT/TREASURER ☐ Change ☒ Addition
NAME		42 NAME	IRIMESCU, BENJAMIN
STREET ADDRESS		43 STREET ADDRESS	11707 N DALE MABRY HIGHWAY
CITY ST ZIP		44 CITY ST ZIP	TAMPA, FL 33618
TITLE		51 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		52 NAME	EARLE, ROBERT S
STREET ADDRESS		53 STREET ADDRESS	51 CHESTNUT RIDGE ROAD
CITY ST ZIP		54 CITY ST ZIP	MONTVALE, NJ 07645
TITLE		61 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		62 NAME	RAFFERTY, JOHN T.
STREET ADDRESS		63 STREET ADDRESS	51 CHESTNUT RIDGE ROAD
CITY ST ZIP		64 CITY ST ZIP	MONTVALE, NJ 07645

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 on an attachment with an address.

SIGNATURE: BENJAMIN P. IRIMESCU 5/26/95 813-961-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0294471 CP