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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030488 (8)

1. Corporation Name

HILLSBOROUGH PAINT & DECORATING INC.



Principal Place of Business

11707 N. DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address

11707 N. DALE MABRY HIGHWAY
TAMPA FL 33618

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

21 11707 N. DALE MABRY HWY

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33618

Country

25 USA

2a. Mailing Address

26 51 Chestnut Ridge Rd.

Suite, Apt. #, etc.

27

City & State

28 MONTVALE, NJ

Zip

29 07645

Country

30 USA

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BENJAMIN, IRMESCU
STREET ADDRESS 11707 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME RYAN, JAMES F
STREET ADDRESS 51 CHESTNUT RIDGE ROAD
CITY-ST-ZIP MONTVALE NJ 07645

TITLE D ☐ DELETE

NAME PICK, ROBERT D
STREET ADDRESS 51 CHESTNUT RIDGE ROAD
CITY-ST-ZIP MONTVALE NJ 07645

TITLE D ☒ DELETE

NAME MAYOR, JOEL J
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE NJ

TITLE VP ☒ DELETE

NAME EARLE, ROBERT S
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE NJ

TITLE S ☐ DELETE

NAME RAFFERTY, JOHN T
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

4/26/96

Date

813-961-0110

Daytime Phone #

CR2E034 (12/95)