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 # **P94000032523 (0)**

1. Corporation Name

COLORWORKS PAINTING, INC.

Principal Place of Business	Mailing Address
120 NORTH WEST PERCY AVENUE PORT CHARLOTTE FL 33952	POST OFFICE BOX 3732 PT. CHARLOTTE FL 33949

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business
21 21298 Percy Ave
Suite, Apt. #, etc.
22 Pt. Charlotte, Fl.
City & State
23
Zip 24 33952 Country 25 Charlotte

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0488272 ☐ 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

MCCLASKEY, MARY
120 NORTH WEST PERCY AVENUE
PORT CHARLOTTE FL 33952

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: Mary McClaskey Mary McClaskey Sec. & Tres. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MCCLASKEY, JOHN		1.2 NAME	John McClaskey	
STREET ADDRESS	120 N.W. PERCY		1.3 STREET ADDRESS	21298 Percy Ave.	
CITY-ST-ZIP	PT CHARLOTTE FL		1.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33952	
TITLE	V	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BENEDICT, GLENN		2.2 NAME	Bryon Lemaster	
STREET ADDRESS	499 E SUNSET BLVD		2.3 STREET ADDRESS	21298 Percy Ave.	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33952	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENEDICT, KATHY		3.2 NAME		
STREET ADDRESS	499 E SUNSET BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	Sec. & Tres.	☒ Change ☐ Addition
NAME	MCCLASKEY, MARY		4.2 NAME	Mary McClaskey	
STREET ADDRESS	120 N.W. PERCY AVE		4.3 STREET ADDRESS	21298 Percy Ave.	
CITY-ST-ZIP	PT CHARLOTTE FL		4.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33952	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Mary McClaskey Mary McClaskey Sec.-Tres 4-19-96 941-625-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #