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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Apr 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400036699 (4)

appears in Block 12 or Block 13 if changed, or on an atta

SIGNATURE:

REDWINE PAINTING, INC.

Principal Place of Business

33 NORTH LAKE DR 33 NORTH LAKE DR SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1994 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0493916 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 28 Country 8. This corporation has liability for intengible tax under s. 199.032, Ftorida Statutes Yes \(\sigma\) No Country Zip Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRIFFITH, ROCKY 118 PALMETTO 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 1389 83 **DESTIN FL 32541** 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 product name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. \_\_\_ Change Addition PS DELETE 1.1 TITLE Illit JAMES YOUR 17325 BACK BEACH Rd. REDWINE, DOYLE G 1.2 NAME NAME 122 CIRCLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS Panama City BEACH, Fl. 32459 PANAMA CITY BEACH FL 1.4 CITY-ST-ZIP CITY - \$1 - 70 DELETE ☐ Change Addition 2.1 TITLE THLE MCDONALD, CHRISTOPHER B. 2.2 NAME NAME 112 CIRCLE DRIVE 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 2. 4 CITY-ST-ZIP City St. ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 0:1Y-ST-7/P DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ■ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET AUGRESS 5.4 CITY - ST - ZIP CDY-SI-ZIE DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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