

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046347 (8)

1. Corporation Name

MCINTYRE PAINTING, INC.

Principal Place of Business

9508 HOOD ROAD
SUITE 2
JACKSONVILLE FL 32257

Mailing Address

9508 HOOD ROAD
SUITE 2
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

4. FEI Number

59-3248733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 122.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 11590 DAVIS CREEK CT

2a. Mailing Address

26 11590 DAVIS CREEK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32256

Country

25 FLA

Zip

29 32256

Country

30 FLA

9. Name and Address of Current Registered Agent

MCINTYRE, JOHN A
9508 HOOD ROAD
SUITE 2
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11590 DAVIS CREEK CT.

83

84 City JACKSONVILLE

FL

85 Zip Code

32256

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCINTYRE, JOHN A
STREET ADDRESS 9508 HOOD ROAD, SUITE 2
CITY - ST - ZIP JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 11590 DAVIS CREEK CT
14 CITY - ST - ZIP JACKSONVILLE, FL 32256

21 NAME ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 NAME ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 NAME ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 NAME ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 NAME ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(2)(b), 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. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

4/20/95

FILED