

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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000059922 (2)**
1. Corporation Name
SENECAL PAINTING, INC.

Principal Place of Business Mailing Address

**319 CLEMATIS ST
SUITE 600
WEST PALM BEACH FL 33401**

**319 CLEMATIS ST
SUITE 600
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

08/11/1994

4. FEI Number Applied For

65052140 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 § 100.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WILLBUR, DEAN L JR.
319 CLEMATIS ST
SUITE 600
WEST PALM BEACH FL 33401**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, JERREL L	1 NAME	Senecal, Jerrel L
STREET ADDRESS	5180 ROYAL PALM BEACH BLVD	1 STREET ADDRESS	2170 Polo Gardens Dr # 204
CITY, ST, ZIP	ROYAL PALM BEACH FL 33411	1 CITY, ST, ZIP	West Palm Beach, FL 33414
TITLE	D	2 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, JASON M	2 NAME	Senecal, Jason M
STREET ADDRESS	4810 121 TERR N	2 STREET ADDRESS	2170 Polo Gardens Dr # 204
CITY, ST, ZIP	ROYAL PALM BEACH FL 33411	2 CITY, ST, ZIP	West Palm Beach FL, 33414
TITLE		3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY, ST, ZIP		3 CITY, ST, ZIP	
TITLE		4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY, ST, ZIP		4 CITY, ST, ZIP	
TITLE		5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY, ST, ZIP		5 CITY, ST, ZIP	
TITLE		6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY, ST, ZIP		6 CITY, ST, ZIP	

14. I 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)(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, that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerrel L. Senecal* *Jason M. Senecal* 4/17/95 407-793-1600

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR