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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:27

DOCUMENT # **P94000065418 (3)**

1. Corporation Name

C.E.S. PAINTING, INC.

Principal Place of Business	Mailing Address
6723 LIMPKIN DRIVE ORLANDO FL 32810	6723 LIMPKIN DRIVE ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-3268602	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 6723 Limpkin Dr.	26 P.O. Box 681747
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Florida	28 City & State: Orlando, Florida
24 Zip: 32810 — 25 Country: USA	29 Zip: 32868 — 30 Country: USA County/Orange

9. Name and Address of Current Registered Agent

SPRUILL, NAOMI
6723 LIMPKIN DRIVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Naomi Spruill
82 Street Address (P.O. Box Number is Not Acceptable): 6723 Limpkin Drive
83
84 City: Orlando FL 85 Zip Code: 32810

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 ______ Registered Agent (Signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☐ Change ☒ Addition
NAME	SPRUILL, NAOMI	12 NAME	C.E. Spruill, Sr.
STREET ADDRESS	6723 LIMPKIN DRIVE	13 STREET ADDRESS	6723 Limpkin Drive
CITY ST ZIP	ORLANDO FL 32810	14 CITY ST ZIP	Orlando, Florida 32810
TITLE		21 TITLE	Vice-President ☒ Change ☐ Addition
NAME		22 NAME	Naomi Spruill
STREET ADDRESS		23 STREET ADDRESS	6723 Limpkin Drive
CITY ST ZIP		24 CITY ST ZIP	Orlando, Florida 32810
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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] President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 1995 — Date

407-297-1522 — Daytime Phone #

0417783 FP