

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068925 (4)

1. Corporation Name

FIRST CITY PAINT & DECORATING, INC.



Principal Place of Business

245 W AIRPORT BLVD
PENSACOLA FL 32506
US

Mailing Address

P.O. BOX 17171
PENSACOLA FL 32522
US

3. Date Incorporated or Qualified
09/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3275717

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ATCHISON, RALPH E
245 W AIRPORT BLVD
PENSACOLA FL 32503-1009

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

(Signature typed or printed name of officer or director and then apply)

(NOTE: Registered Agent's name is required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ATCHISON, RALPH E
STREET ADDRESS 245 W AIRPORT BLVD
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE VP
NAME ATCHISON, DEBORAH
STREET ADDRESS 245 W AIRPORT BLVD
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE SD
NAME REBER, RICK
STREET ADDRESS 11 ALICE STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE TD
NAME ROBINSON, MARIA C
STREET ADDRESS 11 ALICE STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME BOOTHE, ROBERT E JR
STREET ADDRESS 11 ALICE STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE COB
NAME BONNELL, DAVID
STREET ADDRESS 11 ALICE STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph E. Atchison

4-19-96 (904) 494-1101

CR2E034 (12/95)