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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000068925 (4)**

1. Corporation Name
FIRST CITY PAINT & DECORATING, INC.

Principal Place of Business	Mailing Address
245 W AIRPORT BLVD PENSACOLA FL 32506 US	P.O. BOX 17171 PENSACOLA FL 32522-7171 US

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-3275717 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ATCHISON, RALPH E		1.2 NAME	
STREET ADDRESS	245 W AIRPORT BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ATCHISON, DEBORAH		2.2 NAME	
STREET ADDRESS	245 W AIRPORT BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REBER, RICK		3.2 NAME	
STREET ADDRESS	11 ALICE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MARIA C		4.2 NAME	
STREET ADDRESS	11 ALICE STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOOTHE, ROBERT E JR		5.2 NAME	
STREET ADDRESS	11 ALICE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	
TITLE	COB	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BONNELL, DAVID		6.2 NAME	
STREET ADDRESS	11 ALICE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph E. Atchison Ralph E. Atchison 3-10-97 (904) 444-1101