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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000070099 (4)**

1. Corporation Name
RICHARDS' PAINT & DECORATING CENTERS, INC.



Principal Place of Business
**1500 PALM BAY ROAD N.E.
PALM BAY FL 32905**

Mailing Address
**1500 PALM BAY ROAD N.E.
PALM BAY FL 32905-3843**

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 **2900 POST ROAD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2900 POST ROAD**
Suite, Apt. #, etc.

4. FEI Number
59-3273076

Applied For
Not Applicable

22
City & State
23 **MELBOURNE FL**

27
City & State
28 **MELBOURNE FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32935**

Country

29 **32935**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANASTASIO, TOBY
1500 PALM BAY ROAD N.E.
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2900 POST ROAD

83

84 City **MELBOURNE**

FL

85 Zip Code **32935**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ANASTASIO, TOBY**
STREET ADDRESS **1500 PALM BAY ROAD N.E.**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **ST** ☐ DELETE
NAME **ANASTASIO, PAMELA J**
STREET ADDRESS **1500 PALM BAY ROAD, NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE **VP** ☐ DELETE
NAME **PLUMB, TIMOTHY**
STREET ADDRESS **1500 PALM BAY RD NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2900 POST ROAD**
1.4 CITY-ST-ZIP **MELBOURNE FL 32935**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2900 POST ROAD**
2.4 CITY-ST-ZIP **MELBOURNE FL 32935**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2900 POST ROAD**
3.4 CITY-ST-ZIP **MELBOURNE FL 32935**

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

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

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

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: **Toby Anastasio** **TOBY ANASTASIO, PRES. DIRECTOR**

407-242-1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)