## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**19**98

DOCUMENT #

P94000070099 (4)

RICHARDS' PAINT & DECORATING CENTERS, INC.

FILED
May 12 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 2900 POST ROAD 2900 POST ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3273076 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANASTASIO, TOBY 2900 POST ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32935** 83 84 City 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Ď DELETE Change Addition TITLE 1.1 TITLE NAME **ANASTASIO, TOBY** 1.2 NAME 2900 POST ROAD STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITS F 2 1 TITLE NAME **AN**ASTASIO, PAMELA J 2.2 NAME STREET ADDRESS 2900 POST ROAD 2.3 STREET ADDRESS Melbourne fl CITY-ST-7IP 2. 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME PLUMB, TIMOTHY 3.2 NAME 2900 POST ROAD STREET ADDRESS 3 3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I 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 suppliemental 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 of 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.

11-08 00 (410) 31