Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90096 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400070099

1. Corporation Name

RICHARDS' PAINT & DECORATING CENTERS, INC.

Plancing Hose of Business Mailing Address												
MELBOURNE FL 32895 US	Principal Place	e of Business	Ма	iling Address							···- -	
2. Principal Place of Business	MELBOURNE FL 32935		ME	MELBOURNE FL 32935				DO NOT WRITE IN	THIS S	SPACE		
2. Montpolar Piace of Business 2. 2. Mailing Address 2.			US									7
Sulfa, Apt. 9, etc.								09/21/1994				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27	2. Principal Pl	ace of Business	2a.	Mailing Address				1				╛
27	21	<u> </u>	26 .			<u> </u>	<u> </u>	59-3273076				- =
City & State City & State 27	— · · ·	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certifcate of Status Desired		+		
Zip Country Zip Zi			27	City & State	-			& Election Campaign Financing —				┪
2p		-	28	ony a oraco						•	•	
9. Name and Address of Current Registered Agent ANASTASIO, TOBY 2900 POST ROAD MELBOURNE FL 32935 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the abbreve-named corporation submits this statement for the purpose of changing its registered didnot or registered agent, or both, in the Slate of Florida, Such change was estimated to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the abbreve-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Slate of Florida, Such change was estimated to the provisions of Sections 807.0502 provisions of Section 607.0505, Florida Statutes SIGNATURE SIGNATURE TITLE DOFFICERS AND DIRECTORS TITLE DASTA TURE ANASTASIO, TOBY 13. TREET ADDRESS CITY-51.20 ANASTASIO, TOBY 22. TITLE DELETE 13. TITLE Change Addition MELBOURNE FL ST ANASTASIO, PAMELA J 22. TITLE ANASTASIO, PAMELA J 23. TITLE ANASTASIO, PAMELA J 24. TITLE ANASTASIO, PAMELA J 25. TITLE ANASTASIO, PAMELA J 25. TITLE ANASTASIO, PAMELA J 25. TITLE ANASTASIO, PAMELA J 26. TITLE ANASTASIO, PAMELA J 26. TITLE ANASTASIO, PAMELA J 27. TITLE ANASTASIO, PAMELA J 28. TITLE ANASTASIO,		Country	1	Zip	Cou	untry		8. This corporation owes the current ye	ear Inta	ngible		٦
ANASTASIO, TOBY 2900 POST ROAD MELBOURNE FL 32935 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the odd corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 807.0505, Florida Statutes, the odd corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 807.0505, Florida Statutes, the odd corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 807.0505, Florida Statutes, the odd corporation's board of directors. I hereby accept the appointment are registered agent, and accept the obligations of, Section 807.0505, Florida Statutes, the odd corporation's board of directors. I hereby accept the appointment agent	24	. 25	29		30						□No	4
ANASTASIO, TOBY 2900 POST ROAD MELBOURNE FL 32935 4 City FL 4 City FL 5 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the collegations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12: OFFICERS AND DIRECTORS 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 12: OFFICERS AND DIRECTORS 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 14: CITY-ST-2P ANASTASIO, TOBY 2900 POST ROAD 13: STREET ADDRESS 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 14: CITY-ST-2P 15: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 16: Change Addition 16: Change Addition 17: ST-2P 18: ANASTASIO, PAMELA 18: CITY-ST-2P 18: ANASTASIO, PAMELA 19: ANASTASIO,		9. Name and Address of Currer	nt Regist	tered Agent		1.1	г	10. Name and Address of New Regis	tered A	gent		-
2900 POST ROAD 82 Street Address (P.O. Box Northcens in No. Auceptaville) 82 Street Address (P.O. Box Northcens in No. Auceptaville) 83 84 City	ANIA	STACIO TORV				81	Name					
MELBOURNE FL 32935 B3						82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 807 0502 and 507.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or both, in the State of Florida. Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 1.1 TITLE ANASTASIO, TOBY STREET ADDRESS CITY-ST-ZP MELBOURNE FL 1.4 CITY-ST-ZP TITLE OELETE 2.1 TITLE ANASTASIO, PAMELA J 2.2 FINALE 3.2 STREET ADDRESS CITY-ST-ZP TITLE OELETE 3.3 TITLE OELETE 3.3 STREET ADDRESS CITY-ST-ZP TITLE OELETE 4.1 TITLE OELETE 3.3 STREET ADDRESS CITY-ST-ZP TITLE OELETE 3.3 STREET ADDRESS CITY-ST-ZP TITLE OELETE 3.4 STREET ADDRESS CITY-ST-ZP TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE OELETE 3.5 STREET ADDRESS CITY-ST-ZP OELETE 4.1 TITLE O						83	-					┥
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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Deferres AND DIRECTORS IN 12 LAMBE TITLE DATE OFFICERS AND DIRECTORS IN 12 LAMBE STREET ADDRESS CITY-ST-ZPP MELBOURNE FL ANASTASIO, TOBY STREET ADDRESS CITY-ST-ZPP MELBOURNE FL ANASTASIO, PAMELA J 22 INME 33 SIRECT ADDRESS CITY-ST-ZPP TITLE ANASTASIO, PAMELA J 22 INME 32 NAWE STREET ADDRESS CITY-ST-ZPP TITLE DELETE AS INTILE Change Addition Addition Addition Addition Change Addition Addition Addition Addition Addition ANASTASIO, PAMELA J 22 INME 33 SIRECT ADDRESS CITY-ST-ZPP TITLE DELETE AS CITY-ST-ZPP DELETE STREET ADDRESS CITY-ST-ZPP TITLE DELETE STREET ADDRESS CITY-ST-ZPP DELETE STREET ADDRESS STR	***************************************											4
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE D		•				84	City		FL	85 Zi	p Code	
Signature, typed or printed name of regolatered agent and other flagshicables. (NOTE: Registered Agent Signature required when internating) LD.1E. 12:	office or re	egistered agent or both in the State	of Florid	a. Such change was a	authorize	d bv	the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of c appoint	hanging tment as	its registered registered	
12.	SIGNATURE			(E (NOTE	C. Dogistoro	d Agan	at alonghus anguired	d when reinctating)	ATE			1
TITLE							it signature required	5 11.141.1 1 annual		DIREC	TORS IN 12	╡
NAME ANASTASIO, TOBY 12 MANE 2900 POST ROAD 13 STREET ADDRESS MELBOURNE FL 14 CITY-ST-ZP			10 DINE								_	n
STREET ADDRESS CITY-ST-ZIP MELBOURNE FL		ANASTASIO, TOBY			1.2 N	IAME						
TITLE	STREET ADDRESS	· ·			1.3 S	TREET	T ADDRÉSS					
NAME ANASTASIO, PAMELA J 22 NAME 22 NAME 2900 POST ROAD 23 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 2.4 CITY-ST-ZIP Change Addition Addition AME 3.7 NAME 3.8 NAME 3.8 NAME 3.8 NAME 3.8 NAME 3.8 STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP ADDRESS CIT	CITY-ST-ZIP						T 71D					4
STREET ADDRESS CTY-ST-ZIP MELBOURNE FL DELETE 3.1 TITLE Change Addition	TITLE				1.4 0	CITY-S	I-ZIP					nί
CITY-ST-ZIP MELBOURNE FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition TITLE . DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME TITLE Change Addition STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Change Change Addition Addition Addition NAME Change Change Addition Addition Addition	NAME	ANIACTACIO DAMELA I .	•	☐ DELETE			-Z F			Chang	e Addition	``[
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-STREET ADDRESS CITY-STREET A	STREET ADDRESS			☐ DEL E TE	2.1 T	TILE	I-ZIF		-	Chang	e Addition	"[
NAME	CITY OT 710	2900 POST ROAD		☐ DELETE	2.1 T 2.2 N	TTLE LAME		<u> </u>	•	Chang	e Addition	
STREET ADDRESS		2900 POST ROAD	•	_	2.1 T 2.2 N 2.3 S 2.4 C	TITLE NAME STREET CITY-S	TADORESS		•			
CITY-ST-ZIP	TITLE	2900 POST ROAD	,	_	2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	TITLE NAME STREET CITY-S TITLE	TADORESS		•			
TITLE . DELETE 4.1 TITLE	TITLE NAME	2900 POST ROAD		_	2.1 T 2.2 N 2.3 S 2.4 0 3.1 T 3.2 N	TITLE NAME STREET CITY-S TITLE NAME	T ADORESS ST- ZIP		•			
NAME STREET ADDRESS CITY-ST-ZIP 4.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SI DELETE 5.1 TITLE S.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADORESS	2900 POST ROAD		_	2.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S	TITLE NAME STREET CITY-S TITLE NAME STREET	T ADORESS ST- ZIP T ADDRESS		•			
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME CA NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1 T 2.2 N 2.3 S 2.40 3.1 T 3.2 N 3.3 S 3.4.0	TITLE LAME STREET CITY-S TITLE LAME STREET CITY-S CITY-S	T ADORESS ST- ZIP T ADDRESS			Chang	e ∏ Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2900 POST ROAD MELBOURNE FL	•	☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 G	TITLE TAME TREET CITY-S TITLE TAME CITY-S TITLE	T ADORESS ST- ZIP T ADDRESS			Chang	e ∏ Addition	
NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2900 POST ROAD MELBOURNE FL	•	☐ DELETE	2.1T 22N 23S 2.41 3.1T 32N 33S 34.0	TITLE HAME TREET CITY-S TITLE STREET CITY-S TITLE NAME	T ADORESS ST-ZIP T ADDRESS ST-ZIP		•	Chang	e ∏ Addition	
STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22 N 23 S 2.4(3.1T 3.2 N 3.3 S 3.4.0 4.1T 4.21 4.3 S	TITLE VAME STREET CITY-S TITLE VAME CITY-S TITLE NAME STREET	T ADDRESS T ADDRESS T ZIP T ADDRESS			Chang	e Addition	n
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addi	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22N 2.3 S 2.4(3.1T 3.2N 3.3 S 3.4.0 4.1T 4.2I 4.3 S 4.4 C	INTLE IAME CITY-S TITLE WAME STREET CITY-S TITLE NAME CITY-S TITLE	T ADDRESS T ADDRESS T ZIP T ADDRESS		-	Chang	e Addition	n
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22N 23S 2.41 3.1T 3.2N 3.4.0 4.1T 4.21 4.3S 4.40 5.1T 5.2N	ITLE LAME STREET CITY-S TITLE LAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET LITT-S TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS IT-ZIP		-	Chang	e Addition	n
NAME 6.2 NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22N 23S 2.44 3.1T 3.2N 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS IT-ZIP T ADDRESS		-	Chang	e Addition	n
10-OVICE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22N 23S 2.41 3.1T 3.2N 3.4.0 4.1T 4.21 4.3S 4.40 5.1T 5.2N 5.3S	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS IT-ZIP T ADDRESS		-	Chang	le	n
STREET ANDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	2900 POST ROAD MELBOURNE FL		☐ DELETE	2.1T 22N 23S 2.44 3.1T 3.2N 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T	TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TITLE TITLE TITLE TITLE TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS IT-ZIP T ADDRESS		-	Chang	le	n

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP