

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 12: 13

DOCUMENT # P94000071376 (5)

1. Corporation Name

CORNELLS BOULEVARD PAINTS, INC.

Principal Place of Business

JOHN M. CORNELL
420 NITRAM AVENUE
JACKSONVILLE FL 32211

Mailing Address

JOHN M. CORNELL
420 NITRAM AVENUE
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

N.A.

4. FEI Number

59-3266172

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

21 769 BLANDING BLVD.

2a. Mailing Address

26 769 BLANDING BLVD.

Suite, Apt. #, etc.

22 SUITE 5

Suite, Apt. #, etc.

27 SUITE 5

City & State

23 ORANGE PARK, FL.

City & State

28 ORANGE PARK, FL.

Zip

24 32065

Country

25 U.S.A.

Zip

29 32065

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CORNELL, JOHN M
420 NITRAM AVENUE
JACKSONVILLE FL 32211

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

JOHN M. CORNELL, PRESIDENT

NOTE: Registered Agent must sign and also Mandate

John M. Cornell

7/11/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORNELL, JOHN M
STREET ADDRESS	420 NITRAM AVE.
CITY, ST, ZIP	JACKSONVILLE FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT + TREAS	☐ Change ☒ Addition
2. NAME	JOHN B. CALDER	
3. STREET ADDRESS	769 BLANDING BLVD.	
4. CITY, ST, ZIP	ORANGE PARK, FL. 32065	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 this 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 and changed or is an addition with my signature.

SIGNATURE:

JOHN M. CORNELL
John M. Cornell

PRINT NAME AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-95 (404) 272-4451