FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # P94000076505 (4)

1. Corporation Name

GOODBRUSH PAINTING SERVICES, INC.

Principal Place of Business	Mailing Address
2542 CHAR STREET ORLANDO FL 32839	2542 CHAR STREET ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1994
3a. Date of Last Report

2. Principal Place of Business: 21 2067 Gallagher Ave.
Suite, Apt. #, etc. 22
City & State 23 Deltona, Fl. 32725
Zip 24 32725 County 25 Volusia

2a. Mailing Address: 26 2067 Gallagher Ave.
Suite, Apt. #, etc. 27
City & State 28 Deltona, Fl.
Zip 29 32725 County 30 Volusia

4. FEI Number: 59-3273436 ☐ 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

9. Name and Address of Current Registered Agent

ELLIS, JOHN
2542 CHAR STREET
ORLANDO FL 32839

10. Name and Address of New Registered Agent
81 Name: John Ellis
82 Street Address (P.O. Box Number is Not Acceptable): 2067 Gallagher Ave.
83
84 City: DeltonA FL 85 Zip Code: 32725

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JOHN	1.2 NAME	John Ellis
STREET ADDRESS	2542 CHAR STREET	1.3 STREET ADDRESS	2067 Gallagher Ave
CITY ST ZIP	ORLANDO FL 32839	1.4 CITY ST ZIP	DeltonA Fl. 32725
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, GLENDA	2.2 NAME	Glenda Ellis
STREET ADDRESS	2542 CHAR STREET	2.3 STREET ADDRESS	2067 Gallagher Ave
CITY ST ZIP	ORLANDO FL 32839	2.4 CITY ST ZIP	DeltonA, Fl. 32725
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JOHN	3.2 NAME	
STREET ADDRESS	1513 E. SWANN AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32809	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] John Ellis 4-15-95 904-532-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065403 CP