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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000079399 (9)

DOCUMENT #

1. Corporation Name

ORANGE STATE PAINTING COMPANY, INC. Principal Place of Business Mailing Address

4100 8TH AVE S ST PETERSBURG FL 33711		4100 BTH AVE S ST PETERSBURG FL 33711			
				3. Date Incorporated or Qualified 10/28/1994	3a. Date of Last Report 04/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number 59-3275988	Applied For
21		26	26		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution Added to Fees	
Ζιρ	Country	Ζφ 	Country	8. This corporation has liability for	inLangible tax under si 199.032, ☐ No
24	25	29	30	Florida Statutes Yes  10. Name and Address of New F	
	g. Name and Address of Curre	nt Hegistered Agent	81 Name	10, Marile and Address of New I	legistered Agent
OTTONA	VED BADDADA I				
i e	YER, BARBARA J ESTCHESTER DR N		L		
CLEARM	/ATER FL 34621		83		
			84 City		FL 85 Zip Code
41 Dureuant t	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	tes, the above-named corpo	oration submits this statement for the pu-	roose of changing its registered office
l or register	ed agent, or both, in the State of Flo	rida. Such change was authoriz	zed by the corporation's bo	ard of directors. Thereby accept the app	ontment as registered agent. I am
familiar wit	th, and accept the obligations of, Ser	otion 607.0505, Monda Statutes	5.		
SIGNATURE.	Signature, typed or ported harms of registered age-	ed and the diagram at it	Dit - Frage tered Agrical signature no pri	red when narodating	DATE
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	Р	☐ DELETE	1 1 TITLE		Change 🔲 Addition
NAME	THOMPSON, JOHN P.		1.2 NAM*		
STREET ADDRESS			1.3 STREET ADORESS		
CITY-ST-ZIP	ST PETERSBURG FL 33710		1.4 CITY - ST - ZIP		
TIFLE	ST	☐ DELETE	2 1 THE		Change [ Addition
NAME	THOMPSON, CHERYL		2.2 NAME		:
STREET ADDRESS	6550 - 17TH AVENUE N		2 3 STREET ADDRESS		i
CITY-ST-ZIP	ST PETERSBURG FL 33710		2.4 CITY - S1 - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	i		3.3 STREET ADDRESS		
CITY - ST - ZIP		F-1 e.r. c re	3 4 City - St - Zif-		Change T Addition
TITLE		DELE LE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		← Dructi	4 4 C(T) - ST - Z(P		Change Addition
TITLE		☐ DELETE	5 'TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FT DOLETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6 1 FI F.E		o range nuo non
NAME			6.2 NAME		
STREET ADDRÉSS			63 STREET ADDRESS		
XY-ST-ZiP	<u> </u>		6.4 C/TN - ST - Z/P		207200) Flacida Chat dan 16 athor

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 dertify 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 doth, that I am an officer or director of the corporation or the receiver or trusted 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:

CR2E034 (12/95)