APPROVED SECOND NOTICE: CORPORATI<del>ON WILL B</del>E DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AND AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FILFN FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1998 APR -1 AM 8: 45 Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA P94000085437 (9) DOCUMENT # SNS PAINT COMPANY Mailing Address Principal Place of Business 348 PLAZA PO BOX 331412 -04/07/98--01038-**-**018 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 3. Date Incorporated or Qualified 11/23/1994 FEI Number 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address ATMANI BUD 13556 59-3286793 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 86 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Treksonulle 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 3>221 Personal Property Tax due June 30. Yes Yes 24 25 29 U 5.4 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET 82 FT. LAUDERDALE FL 33311 83 84 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stantes. Miller SIGNATURE od agent and title if applicable guired when reinstating) stered Agent sign: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 400002480234 -04/07/98-01038-019 TITLE 1.1 TITLE **SWINNEY, WILLIAM C JR** CR2E034 NAME 1.2 NAME 348 PLAZA STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*750.00 \*\*\*\*750.00 **ATLANTIC BEACH FL 32233** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 THLE ☐ Change MARRILL, JEFF NAME 2.2 NAME 348 PLAZA STREET ADDRESS 23 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 2 4 CITY-ST-ZIP **NSTATEMEN** DELETE Change TITLE 31 TITLE HILLIARA NAME 3.2 NAME 13536 ATL. BIVD SUITE-861 STREET ADDRESS 3.3 STREET ADDRESS FACKSONVILLE, FL. 32113 SOE MORROW/SECRETARY) 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 13556 ATL. BIUD. SUITE-861 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 DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; 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.