


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000085437 1. Corporation Name SNS PAINT COMPANY					
Principal Place of Business 348 PLAZA ATLANTIC BEACH FL 32233			Mailing Address 13556 ATLANTIC BLVD #861 JACKSONVILLE FL 32225		

FILED  
99 DEC -9 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business 21 1718-1 ST JOHNS BLVD Suite, Apt. #, etc. 22 -		2a. Mailing Address 26 14444 BERN BLVD Suite, Apt. #, etc. 27 SUITE 18-334		4. FEI Number 59-3286793		Applied Fee Not Applicable	
23 Jacksonville FL		28 Jacksonville FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 32246		25 USA		29 32250		30 USA	
9. Name and Address of Current Registered Agent SWINNEY, WILLIAM C JR 3385 SILVER PALM DR JACKSONVILLE FL 32250				10. Name and Address of New Registered Agent 81 Name SWINNEY, WILLIAM C JR 82 Street Address (P.O. Box Number is Not Acceptable) 14444 BERN BLVD 83 SUITE 18-334 84 City Jacksonville FL 85 Zip Code 32250			

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 William C. Swinney (NOTE: Registered Agent signature required when reinstating) DATE 12/7/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	SWINNEY, WILLIAM C JR	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	GARY BARNHILL		
STREET ADDRESS		348 PLAZA		1.3 STREET ADDRESS	14444 BERN BLVD		
CITY-ST-ZIP		ATLANTIC BEACH FL 32233		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32250		
TITLE	T	HILLIARD, WILLIE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	JEFFREY MANN		
STREET ADDRESS		13556 ATLANTIC BLVD., STE 861		2.3 STREET ADDRESS	14444 BERN BLVD		
CITY-ST-ZIP		JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32250		
TITLE	S	MORROW, JOE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	SWINNEY WILLIAM C JR		
STREET ADDRESS		13556 ATLANTIC BLVD., STE 861		3.3 STREET ADDRESS	14444 BERN BLVD		
CITY-ST-ZIP		JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32250		
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: William C. Swinney (SIGNED) 10/14/99 904-246-1223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0009428

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