

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000092356 (2)

1. Corporation Name

LAWTON BROTHERS PAINTING, INC.

Principal Place of Business

802 FLORIDA BOULEVARD
ALTAMONTE SPRINGS FL 32701

Mailing Address

802 FLORIDA BOULEVARD
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/19/1994

4. FEI Number

59-3288117

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 Suite Apt. # etc

22 City & State

23

2a. Mailing Address

26 Suite Apt. #, etc

27 City & State

28

29

30

9. Name and Address of Current Registered Agent

SWART, HARRY J
717 E. OAK STREET
KISSIMEE FL 34744

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 607.1505, 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 or the filer, as applicable)

(Signature) (Typed or printed name of registered agent or the filer, as applicable)

DATE

12. OFFICERS AND DIRECTORS

13. AGENTS, EMPLOYEES, CONTRACTORS AND OTHERS

TITLE: **D**
 NAME: **LAWTON, MIKAL**
 STREET ADDRESS: **1700 PEPPERIDGE DRIVE**
 CITY, ST, ZIP: **ORLANDO FL 32806**

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP Change Addition

TITLE: **D**
 NAME: **LAWTON, THAN**
 STREET ADDRESS: **802 FLORIDA BOULEVARD**
 CITY, ST, ZIP: **ALTAMONTE SPRINGS FL 32701**

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKAL LAWTON

4-21-95

(407) 897-6262