FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1996 AUG 15 AM 8: 24 P95000005105 (8) **DOCUMENT #** RETARY OF STATE RIVERSIDE PAINTING & PRESSURE CLEANING INC. Mailing Address Principal Place of Business 976 36TH AVE. 976 36TH AVE VERO BEACH FL 32980 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1995 1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 - 3487319 Not Applicable 1365 40th Avenue 1365 40th Avenue \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Efection Campaign Financing Vero Beach Vero Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No No 25 Indian River 29 Florida Statutes 30 Indian River 10. Name and Address of New Registered Agent Triasuker) LAMB, RICHARD L 82 **1432 21ST STREET** 1365 40 th Avenue VERO BEACH FL 32961-6704 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. submits this statement for the purpose of changing its registered office directors. I hereby accept the appointment as registered agent. I am Alfonso, Treasurer NOTE Octorso, Vienourie B-13-97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1. 1 TITLE ☐ Change ☐ Addition TITLE President / Directors NAME STREET ADDRESS 1.3 STREET ADDRESS Beach FC 31960 CITY-ST-ZIP 1.4 CITY - ST - ZIP Treasurer / Directors Dunit Change ☐ Addition 2. 1 TITLE TITLE 0337-002 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS ****915.00 ****915.00 CITY-ST-ZIP 24 CITY- \$1- ZIP ☐ Change ☐ Addition TITLE 3. 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY-ST-ZIP DELFTE 4. 1 TITLE ☐ Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF Change DELFTE ☐ Addition 5 1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition []] OFFETE 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 17Y-ST-ZIP 4. 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 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

SIGNATURE: