

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016245 (9)

1. Corporation Name

BOB AND ROB PAINTING, INC.



Principal Place of Business

4240 NW 116TH AVE  
SUNRISE FL 33323

Mailing Address

4240 NW 116TH AVE  
SUNRISE FL 33323

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIORÉ, SALVATORE V  
400 SE 8TH ST  
FT LAUDERDALE FL

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 607.1508, 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

Signature: typed or printed name of registered agent and firm if applicable

Date: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

D

EARLEY, ROBERT C  
4240 NW 116TH AVE  
SUNRISE FL 33323

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

D

SARACO, ROBERT  
5942 NW 88TH AVE  
TAMARAC FL 33321

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/15/96 X 572-9319

CR2E034 (12/95)