## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

57 SEMINOEL STREET STUART FL 34994

2a. Mailing Address

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000022285 (7)

GTA PAINTING, INC.

Principal Place of Business
57 SEMINOLE STREET

2. Principal Place of Business

Soite Apt #, ctc

SIGNATURE:

STUART FL 34994

21

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zici Country  $Z_{10}$ 8. This corporation has liability for intangible tax under s. 199.032 Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEEHAN, JOHN J R **57 SEMINOLE STREET** Street Address (P.O. Box Number is Not Acceptable) 82 STUART FL 34994 83 84 City Zip Code 85 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signatus i typical impriles sissa i inclue paterod agent mad title diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)160 SP 🔲 DELETE 1.1 TITLE Change \_\_\_ Addition SHEEHAN, JOHN JR. 1.2 NAME NAME 57 SEMINOLE STREET 13 STREET ADDRESS STHEET ACOUNTS! STUART FL 14 CITY - ST - ZIP 011Y-\$1-7-2 Change DELETE Addition 1.00 211ITLE NAM: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIE 2. 4 C(TY - ST - Z)P DELETE Change Addition THIE 31 TITLE 3.2 NAME STEEL ALORESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 71P OHY-ST-ZIE DELETE Change \_\_\_ Addition 4.1 TITLE THEF NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-\$1-7P CITY ST. 20 DELETE Change Addition THUE 51 TITLE NAM: **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP COLY ST. ZIE DELETE Change ☐ Addition TITLE 61 TITLE NAM 6.2 NAME SERFEL ADDRESS 6.3 STREET ADDRESS 6.4 CITY - 51 - ZIP 7015Y - \$1 - 765 14. I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Mar 19 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

<u>03/17/1995</u>

65-0567039

4. FEI Number