

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000022428 (3)

1. Corporation Name
ICON PAINTERS, INC.



Principal Place of Business: **352 PHLOX DR. PALM HARBOR FL 34684**
Mailing Address: **352 PHLOX DR. PALM HARBOR FL 34684**

3. Date Incorporated or Qualified: **03/20/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **16416 SW 59th AVE**
22 Suite, Apt. #, etc.
23 **ARCHER, FL**
24 **32618** 25 **ALACHUA**
26 **SAME**
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4. FEI Number: **59-3307199**
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

9. Name and Address of Current Registered Agent
HANDTE, JOHN
352 PHLOX DR.
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **16416 SW 59th AVE.**
83
84 City: **ARCHER, FL** 85 Zip Code: **32618**

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 agree to, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANDTE, JOHN	
STREET ADDRESS	352 PHLOX DRIVE	
CITY - ST - ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANDTE, JOHN	
1.3 STREET ADDRESS	16416 SW 59th AVE	
1.4 CITY - ST - ZIP	ARCHER, FL 32618	
2.1 TITLE	DARYL D. GARDNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	319 ORANGEVIEW AVE	
2.3 STREET ADDRESS	CLEARWATER, FL 34615	
2.4 CITY - ST - ZIP	VP	
3.1 TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TONY ALLSUP	
3.3 STREET ADDRESS	319 ORANGEVIEW AVE.	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34615	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	300001820928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/14/96--01100--032	
5.3 STREET ADDRESS	***200.00	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 included in 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, as applicable, or on an attachment with an address

SIGNATURE: *[Signature]* **JOHN C. Handte, DP** Date: **4/15/96** Telephone: **813-581-9690**

CR2E034 (12/95)

5-1-96 OK