

**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 # P95000022657 (7)

1. Corporation Name  
**BOLD CITY PAINTING, INC.**



Principal Place of Business: 8039 NAPO DRIVE JACKSONVILLE FL 32217  
Mailing Address: 8039 NAPO DRIVE JACKSONVILLE FL 32217

3. Date Incorporated or Qualified <b>03/21/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3283051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>HALEY, JERRY R 8039 NAPO DRIVE JACKSONVILLE FL 32217</b>	B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City	B5. Zip Code <b>FL</b>
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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 title, if applicable) (NOTE: Registered Agent's signature required when not a director) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <b>HALEY, JERRY</b> 8039 NAPO DRIVE JACKSONVILLE FL 32217	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCY, ALAN D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3500 UNIV. BLVD., #2643</b>		2.2 NAME
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>		2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME
			5.3 STREET ADDRESS
			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

**600001750526**  
**03/20/96-01015--027**  
**\*\*\*200.00**

**J 2 3-19**

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: Jerry Haley (Signature and typed or printed name of signing officer or director) Date: 2-27-96 Daytime Phone #: (904) 731-1205

CR2E034 (12/95)