

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 # P95000029255 (3)

1. Corporation Name

ALWAYS PAINTING OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

5804 HALF MOON LAKE ROAD
TAMPA FL

5804 HALF MOON LAKE ROAD
TAMPA FL

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3310762

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVINO, DENISE
1207 N HIMES AVENUE
TAMPA FL

81

Name

LINDA F. NORRIS

82

Street Address (P.O. Box Number is Not Acceptable)

5804 HALF MOON LAKE RD

83

TAMPA, FL 3

84

City

FL

85

Zip Code

33625

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

Linda F. Norris, Vice-Pres.

Linda F. Norris

04/05/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NORRIS, ALAN
STREET ADDRESS 5804 HALF MOON LAKE ROAD
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE S/D (Secretary)
1.2 NAME ALAN S. BROWN
1.3 STREET ADDRESS 6430 Gulfport Blvd.
1.4 CITY-ST-ZIP St. Petersburg, FL 33707

☐ Change

☒ Addition

TITLE D
NAME NORRIS, LINDA
STREET ADDRESS 5804 HALF MOON LAKE ROAD
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE V/D (Vice-Presi)
2.2 NAME NORRIS, Linda
2.3 STREET ADDRESS 5804 Half Moon Lake Rd
2.4 CITY-ST-ZIP Tampa, FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Linda F. Norris V. PRESIDENT

3-22-96 (813)265-8699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)