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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12 or

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000029255** (3)

ALWAYS PAINTING OF TAMPA BAY, INC.

Principal Place of Business Mailing Address 5804 HALF MOON LAKE ROAD 5804 HALF MOON LAKE ROAD TAMPA FL TAMPA FL 33625-1313 3a. Date of Last Report 3. Date Incorporated or Qualified 04/03/1995 04/09/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3310762 Not Applicable 21 26 Suite. Ant. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žφ Country  $Z_{ip}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 💹 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NORRIS, LINDA F 5804 HALF MOON LAKE RD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33625** 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 gent, 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 adept the deligations of Section 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent eignature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) DELETE Change Addition TITLE 1.1 TITLE NORRIS, ALAN NAME 1.2 NAME 5804 HALF MOON LAKE ROAD 1.3 STREET ADORESS STREET ADDRESS TAMPA FL CITY - S1 - ZIP 1.4 CITY-SY-ZIP DELETE 21 TITLE Channe Addition TILLE NORRIS, LINDA 22 NAME NAME 5804 HALF MOON LAKE ROAD STREET ADDRESS 23 STREET ADDRESS TAMPA FL 2 4 CITY-ST-ZIP CHTY-ST-ZIP THE SD ☐ DELETE 3.1 TITLE \_\_ Change \_\_\_ Addition Brown, Alan S 3.2 NAME NAME 6430 GULFPORT BLVD. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL 33707 3.4. CITY-ST-ZIP CITY-ST-20 Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET AODRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP COTY - ST - 7IP DELETE 6.1 TITLE Change Addition THILE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

on an attachment with an address