

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

CORPORATION
ANNUAL REPORT
1995 96



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

FILED

96 SEP -4 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

99000025020
Head S Painting Co Inc.

Principal Place of Business
Florida

Mailing Address
4081 LB Mcleod Rd
SUITE F
Orlando, FL 32811

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Florida
Suite, Apt. #, etc.

2a. Mailing Address

26 4081 LB Mcleod Rd
Suite, Apt. #, etc.

22 F
City & State

27 F
City & State
Orlando FL

23 Orlando FL
Zip

28 Orlando FL
Zip
32811

24 32811

Country USA
25 Diang

Country USA
30 USA

3. Date Incorporated or Qualified
3/24/95

3a. Date of Last Report

4. FEI Number

00000059-3306189

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

Tucker H. Byrd, Esquire
111 N. Orange Ave. Suite 2050
Orlando, Florida 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 type, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Laura D Davidson
STREET ADDRESS	6220 MARLBERRY ST
CITY-ST-ZIP	Orlando Florida 32819
TITLE	V.P.
NAME	Peter J Davidson
STREET ADDRESS	6220 MARLBERRY ST
CITY-ST-ZIP	Orlando FL 32819
TITLE	
NAME	DAVID BEARD
STREET ADDRESS	14131 Ridgeway Ct
CITY-ST-ZIP	Orlando FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Don Glorious	
13 STREET ADDRESS		
14 CITY-ST-ZIP	no longer here	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

200001956242
-09/25/96--01051--002
***225.00 ***225.00

JB 9-11-96

SIGNATURE:

Laura D Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96
Date

407-841-0256
Daytime Phone #

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