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

PROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary 🖋 Ŝtáte 🕒

DIVISION OF CORPORATIONS

1996 P95000038586 (0) **DOCUMENT #**

1. Corporation N	Martie				
THE REDLAND PAINTER, INC.					
					<u> </u>
Principal Pace of Business , Mailing Address					
195 IVANHOE COURT 195 IVANHOE COURT PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983					
				 Date Incorporated or Qualifie 05/15/1995 	d 3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-05492	
Suite, Apt. #, etc. Suite, Apt. #, e			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City 8 State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24	25	29	30		∕es □No
	9. Name and Address of Curr	ent Registered Agent	Od Name	10. Name and Address of Nev	
			81 Name	hawrence Smel	ler
vaughn, tamara a esq			82 Street	Address (P.O. Box Number is Not Accepting 195 IVAN HOE	Court
1880 SOUTH BAYSHORE DRIVE			83	193 10 1100	
MIAMI FI	L 33133				
4	. /) 1	84 Oity	Port St Locie	FL 85 Zip Code 34983
44 D. sweet to	the providence of Sections 607/05	d2 apr/60/ 1508 Florida St	atutes, the above named or	orporation submits this statement for the	purpose of changing its registered office
or registere	d agent or both, in the State of Flo	orida Sugn change was auth	norized by the corporation's	board of directors. I hereby accept the a	purpose of changing its registered office appointment as registered agent. I am
	n, and accept the obligations of, So	ociio i ozir.usus, Pionua Stat	utes.		4/7/14
SIGNATURE ζ	ignature typed or printed name tray itered as	y not acronitive if applier ability	(NOTE: Registered Agent signature	regined when reinst chigh	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12 Change
TITLE	D	DELETE	1 1 TITLE		
NAME	SMEDER, LAWRENCE		1.2 NAME		
STREET ADDRESS	195 IVANHOE COURT	_	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 3498	3 DELETE	2 1 TITLE		Change Addition
TITLE		Прене	2 2 NAME		_
NAME			2 3 STREET ADDRESS		•
STREET ADDRESS			2 4 CHY - ST - ZiP		
CITY-ST-ZIP TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		سنو پانسی س وجه وجمه وج
CITY-SI-212			3.4 CHTY - ST - ZIP	5000017 - 04/11/360	
TITLE		DELETE	4 1 TITLE	***208.75	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4 4 CITY - ST - ZIF		Change Addition
TITLE		DELETE			Critings Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	i	
CITY-ST-ZP		T DUETE	5 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	1	☐ DELETE	6 1 TITLE		

6.4 CHTY - ST - 719 14. To 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 cert by 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.

6.2 NAME

63 STREFT ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR