

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 # P95000060860 (0)

1. Corporation Name

FLORIDA PRIME PAINTING, INC.



Principal Place of Business

1130 LINWOOD LOOP  
JACKSONVILLE FL 32259

Mailing Address

1130 LINWOOD LOOP  
JACKSONVILLE FL 32259

2. Principal Place of Business

21 4732 Marsh Hammock Dr. W  
Suite, Apt. #, etc.

2a. Mailing Address

26 4732 Marsh Hammock Dr. W.  
Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FL

28 City & State

Jacksonville, FL

24 Zip

32224

Country

29 Zip

32224

Country

30

9. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified  
08/01/1995

3a. Date of Last Report

4. FEI Number

59-3331707 (EIN)

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of individual named as registered agent and if applicable

(NOTE: Registered Agent's signature required when changing registered office)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SUKI, GREGORY  
STREET ADDRESS 4732 MARSG HAMMOCK DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ DELETE

TITLE D  
NAME LANG, BRIAN  
STREET ADDRESS 1130 LINWOOD LOOP  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P, V, T, S  
Suki, Gregory  
4732 Marsh Hammock Drive West  
Jacksonville, FL 32224 ☒ 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:

Gregory B. Suki Gregory B. Suki

4/29/96

904 223 7746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)