

FILE NOW: FILING FEE AFTL.. MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P95000069984 (9)

NuKote Painting, Inc.

Principal Place of Business Mailing Address
4960 NW 55th St. 4960 NW 55th St.
Coconut Creek, FL 33073 Coconut Creek, FL 33073

Principal Place of Business 2a. Mailing Address
6574 N. S.R. 7 #343 26 6574 N. S.R. 7
Suite, Apt. #, etc. Suite, Apt. #, etc.
27 #343
City & State City & State
Coconut Creek, FL Coconut Creek, FL
28
Zip Country Zip Country
33073 25 USA 29 33073 30 U.S.A.

3. Date Incorporated or Qualified 9/1/95 3a. Date of Last Report
4. FEI Number 65-0609370 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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shapiro & Deaton, P.A.
7777 Glades Rd, Suite 200
Boca Raton, FL 33434

81 Name Jason Pomeroy
82 Street Address (P.O. Box Number is Not Acceptable) 6574 N. S.R. 7 #343
83
84 City Coconut Creek, FL 85 Zip Code 33073

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] DATE: 5/1/97

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. JASON POMEROY ☐ DELETE
2. 4960 NW 55th St.
3. Coconut Creek, FL 33073
4. ☐ DELETE
5. ☐ DELETE
6. ☐ DELETE
7. ☐ DELETE
8. ☐ DELETE
9. ☐ DELETE
10. ☐ DELETE
11. ☐ DELETE
12. ☐ DELETE

1.1 TITLE PMS.
1.2 NAME JASON POMEROY
1.3 STREET ADDRESS 6574 N. S.R. 7 #343
1.4 CITY-ST-ZIP Coconut Creek, FL 33073
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

3000002183343
-05/19/97--01122--019
***165.00

CS
5/8/97

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 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000054