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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083423 (0)

HERITAGE PAINTING OF BAY COUNTY, INC.

Principal Place of Business		Mailing Address			ANT BONDE HANDONIN BYDNY HADE HAN DODY	
7305 COPENHAGEN DR PANAMA CITY FL 32404		7305 COPENHAGEN DR PANAMA CITY FL 32404-5326				
				3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report 04/16/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	4 -1-	26		59-3337487	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State 23	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 3	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No	
					gistered Agent	
GEISLER, TIMOTHY D 81 Name						
7305 COPENHAGEN DR			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32404			83			
			63)			
			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 AND D. A. L. TIMOHOU D. Geisler (President) 5-1-1/						
12.	Signature, typical or printed hard of registered ager OF FICERS AND		flegilitered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 1111.6		Change Addition	
NAME	GEISLER, TIMOTHY D		1.2 NAME			
STREET ADDRESS	7305 COPENHAGEN DR		1.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY - ST - ZIP			
TITLE	TD	☐ DELETE	2.1 1RLE	TD Phelphs, John	Change Addition	
NAME	BRANNON, LEWIS A 611 SENECA AVE		2.2 NAME 2.3 STREET ADDRESS	Beek Dr.		
STREET ADDRESS _CITY-ST-ZIP	PANAMA CITY FL 32404			. /)		
0111-31-24	Travalle Oli 1 C 02404	DELETE	3.1 THLE	Banama City. H 32901	Change Addition	
NAME	MCANEAR, JAMES F		3.2 NAME (Corpieri, Tony	'1	
STREET ADDRESS	128 SENECA AVE		3 3 STREET ADDRESS	1774 5 #		
CITY-ST-ZIP	PANAMA CITY FL 32404	T or ric	3.4 CHY-ST-ZIP	Panama City, FL 30400		
TITLE		L_] DELETE	4.1 TITLE	9	L_ Change L_ Addition	
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELE1E	6.1 WILE		Change Addition	
NAME CYDEET APODECE			G.2 NAME			
STREET ADDRESS		•	6.3 STREET ADDRESS		•	

IGNATURE: 7 STANDED ALL CONTINUE DE GOSTOC 5-1-97 904 7/9-127

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 logal effect as if made under eath; 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, so on an attachment with an address.