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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087571 (2)

SMITH PAINTING, INC.

P95000087571 (2)

FILED Feb 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						a immerame eid imide miete Matei mater maide imeil fambt mitt i ibbe				
	SEVENTH STREET LE BEACH FL 32250		1026 SOUTH SEVENTH STREET JACKSONVILLE BEACH FL 32250-5122							
							3. Date Incorporated or Qualified 11/15/1995		te of Last R	· .
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	.1		oplied For
21		26	*				59-3341443			ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired			equired
City & State	3		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip Country			Zip Country				8. This corporation has liability for	ntangible :	tax under s	. 199.032
24 25		29	29 30				Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registe	ered Agent				10. Name and Address of New Re	gistered A	gent	
SM	ITH, CHESTER S			8	11	Name				}
10:	26 South Seventh Street	T		ā	12	Street Add	ress (P.O. Box Number is Not Acceptate	le)		
JA	CKSONVILLE BEACH FL 322	50		*	"	Direct Add	ilbas (1.0. box Nombel la Not Acceptat	110)		
				8	3		·			
				8	4	City		FL	85 Zip	Code
11. Pursuant I	to the provisions of Sections 607.	0502 and 60	7.1508. Florida Statu	ites, the abo	L	named con	poration submits this statement for the r		changing r	ts registered
office or ri	egistered agent, or both, in the S m famili <u>ar</u> with, and accept the of	tate of Florida	a. Such change was	authorized	by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	of the appo	ointment as	registered
	in taniliar with, and accept the of	oligations or,					DO 158	120	Ica	
SIGNATURE	Signature specific pointed name of registerer	c agart and atle if	applicable (NC	TF: Begistered A			ired when reinstaling)	DATE	/74°	
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	N 12
TITLE	PD		DELETE	1.1 TITL	E	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME	SMITH, CHESTE S			1.2 NAM	¶E					
STREET ADDRESS	1026 SOUTH SEVENTH S	STREET		1.3 STRE	EET A	ADDRESS				-
City-ST-ZiP	JACKSONVILLE BEACH F	L 32250		1.4 CITY						
TITLE	VPD		DELETE	2.1 TiTL			······································		Change	Addition
NAME	REGISTER, MICHAEL			2.2 NAM	4F					
STREET ADDRESS	129 NAUGATUCK ROAD					DDRESS				
CHY-ST-ZIP	JACKSONVILLE FL 32225	i		2. 4 CIT)						
311115	STD		DELETE	3.1 T/TLI					Change	Addition
NAMÉ	DOUGHERTY, CHARLES			3.2 NAM					- -	
STREET ADDRESS	2268 MAYPORT ROAD					ADDRESS				
CITY: \$1-ZIP	ATLANTIC BEACH FL 322	233		3.4. CITY						
TITLE			DELETE	4.1 TITL					Change	Addition
NAME				4. 2 NAN					-	
STREET ACCURESS				•		ADDRESS				
CITY- ST- ZIP				4.4 CITY						
TITLE			DELETE	5.1 TITU	_				Change	Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITU	********	- 211		·············	Change	Addition
				6.2 NAM					مارين سے	- Montoll
NAME STOCK LABORITOR						1 DODGCC				
STREET ADORESS						ADDRESS				
CITY-ST-ZIP				6.4 CITY	1 - ST	-ZIP				

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 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:

ATURE AND TYPED ON PHINTED NAME OF SIGNATURE OF DIRECTOR SMITH, PUS 14/97