

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087742 (9)**

1. Corporation Name
SOUTHEAST PAINTING SERVICES, INC.

Principal Place of Business 6319 SAN JUAN AVE STE 23 JACKSONVILLE FL 32210	Mailing Address 6319 SAN JUAN AVE STE 23 JACKSONVILLE FL 32210-2853
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2. Principal Place of Business 21 5028 RICHARD LANE Suite, Apt. #, etc.		2a. Mailing Address 26 5028 RICHARD LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 03/25/1996
22 City & State 23 JACKSONVILLE, FL.		27 City & State 28 JACKSONVILLE, FL.		4. FEI Number 59-3341347	Applied For <input type="checkbox"/> Not Applicable
24 Zip 32216	25 Country DUVAL	29 Zip 32216	30 Country DUVAL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SMITH, PATTI 6254 POWERS AVE JACKSONVILLE FL 32217		10. Name and Address of New Registered Agent 81 Name PATTI SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 5028 RICHARD LANE 83 84 City JACKSONVILLE FL 85 Zip Code 32216	
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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 *Patti Smith* **PATTI SMITH** DATE **4/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, PATTI		1.2 NAME SMITH, PATTI	
STREET ADDRESS 6254 POWERS AVE		1.3 STREET ADDRESS 5028 RICHARD LANE	
CITY-ST-ZIP JACKSONVILLE FL 32217		1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32216	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME SMITH, DALLAS	
STREET ADDRESS 		2.3 STREET ADDRESS 5028 RICHARD LANE	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32216	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME 	
STREET ADDRESS 		3.3 STREET ADDRESS 	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		6.4 CITY-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: *Patti Smith* **REQUIRED** DATE **4/1/97** DAYTIME PHONE **904-733-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)