

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000088361 (7)**

1. Corporation Name

JOHN THE PAINTER, INC.



Principal Place of Business

**3639 OLD HAMMOCK
PORT ORANGE FL 32199**

Mailing Address

**3639 OLD HAMMOCK
PORT ORANGE FL 32199**

3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3352602

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. 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

**SHAW, JOHN H
3639 OLD HAMMOCK
PORT ORANGE FL 32199**

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 607.1502, 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 Director or person authorized to register agent in the Florida State

(901) Page 1 of 1 (Agent Signature) (Date)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
SHAW, JOHN
3639 OLD HAMMOCK
PORT ORANGE FL 32199**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

☐ Change ☐ Addition

21.1 TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

**V Pres
John J Shaw
3639 Old Hammock
Port Orange, FL 32199**

☐ Change ☒ Addition

31.1 TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

☐ Change ☐ Addition

41.1 TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

**100001826101
-05/17/96--01017--009
***225.00**

☐ Change ☐ Addition

51.1 TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

☐ Change ☐ Addition

61.1 TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

☐ 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 amendment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Shaw **John Shaw**

Date

5-9-96

Daytime Phone #

904-788-3473

CR2E034 (12/95)