

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094624 (0)

1. Corporation Name

ALL COMPLETE PAINTING & SERVICES, INC.



Principal Place of Business

11135 TEMPLE AVENUE
SEMINOLE FL 34642

Mailing Address

11135 TEMPLE AVENUE
SEMINOLE FL 34642

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3361094

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIERDEN, JOYCE A
11135 TEMPLE AVENUE
SEMINOLE FL 34642

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent Signature Required when "changing")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D ZIERDEN, ROBERT S
STREET ADDRESS
11135 TEMPLE AVENUE
CITY-STATE-ZIP
SEMINOLE FL 34642 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
D KELLEY, JAMES W
STREET ADDRESS
6765 16TH PL NO. #110
CITY-STATE-ZIP
ST. PETERSBURG FL 33710 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☒ Change ☐ Addition
Kelley, James W.
13202 Boca Ciega Ave. No., Apt. N.
Maderia Beach, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☒ Addition
Secretary/Treasurer
Zierden, Joyce A
11135 Temple Avenue
Seminole, FL 34642

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address.

SIGNATURE:

Robert S Zierden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(83) 391-0336

Examine Phone

CR2E034 (12/95)