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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS							
DOCUN 1. Corporation	MENT # P9600 0	0000090 (6))				
	PAINTING AND HOME SER	VICES, INC.					
Principal Place of Business Mailing Address						#9(I) BU()(\$\$ (I \$B(I) B#	11 8
74 BRUCE LA PALM COAST		P. O. BOX 352502 PALM COAST FL 32135-2502					
					 Date Incorporated or Qualified 12/22/1995 	3a. Date of Last	Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		Applied For	
21 Cuite Ant d	1 44	26			59-334070		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 4 '	75 Additional e Required	
Ctate		City & State			6. Election Campaign Financing		.00 May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 30		—	,	Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Agent	
NINCAN DONALD W.D.A				1 Name			
DUNCAN, DONALD W P.A. 25 FLORIDA PARK DRIVE, NORTH			8:	2 Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
PALM COAST FL 32137			8	3	THE RESERVE THE PERSON OF THE		
			8	4 City		85	Zip Code
11 Purcuant t	o the provisions of Sections 607 0502	and 607 1508. Florida Statut	os the above	pamed como	ration cultimite this etatemont for the ou	FL	te registered office
or register	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authoriz on 607 0505. Florida Statutes	red by the cor	poration's boa	ration submits this statement for the pu rd of directors. I hereby accept the app	ointment as register	red agent. I am
SIGNATURE	,		-			5/-9-9	2 65
12.	Signature, typed or printed name of registered agent OFFICERS ANS		Off: Registered Ag ■ 13.	ont signature require	od when reinstating) ADDITIONS/CHANGES TO OFF	DATE EICEDS AND DIDEC	TOPS IN 12
TITLE	D	DELETE	1 1 TITL	·	ADDITIONS/OFFANGES TO OFF	Chang	
NAME	DILUZIO, JANET E		1.2 NAM				
STREET ADDRESS	34 SOUTH SUGAR MILL LANG		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FLGLER BEACH FL 32136	A	14 CITY			<u> </u>	
TITLE	D Diluzio, James M	DELETE 2				☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS	AL AALMIL ALIAAN AMA ALAM		2.2 NAMI	ET ADDRESS			
CITY-S1-ZIP	FLGLER BEACH FL 32136		2.5 SINE 2.4 CITY				
TITLE	D	DELETE 3.1				☐ Chang	ge 🔲 Addition
NAME	RINEK, CHARLES D		3.2 NAM	:			
STREET ADDRESS	74 BRUCE LANE		3.3 STRI	ET ADDRESS			
CITY-S1-ZIP	PALM COAST FL 32135	FT DELETE	3.4 CITY			F7 0	
TITLE NAME	D RINEK, JEANNE M	DELETE	4. 1 TITL			☐ Chang	ge
STREET ADDRESS	TA DOMAGE A AASE		4.2 NAM 4.3 STRE	ET ADDRESS			
CITY-S1-ZIP	DALLA COLOT EL COLOT		4.4 CITY				
TITLE		DELETE	5. 1 TITL			☐ Chang	ge 🔲 Addition
NAME			5.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP		[]] DELETE	5.4 City			F1 0	no [7] Addition
NAME		ר ו הנונונ	6. 1 TiTL 6.2 NAM			Chang	ge 🔲 Addition
THE ME L	1		U.C. PLAIVI	. 1			

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.

6.3 STREET ADDRESS 6.4 City-St-Z/P

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 904-446385