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

PROFIT CORPORATION ANNUAL REPORT

1997

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CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CUMENT # P96000025466 (9)

JOHN ELLIOTT QUALITY PAINTING INC.

Principal Place of Business Mailing Address 10285 SYMPHONY LANE 10285 SYMPHONY LANE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-3127 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 Principal Place of Business 2a. Mailing Address **FEI Number** Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Z_{1D} Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A 81 Name 10285 SYMPHONY LANE Street Address (P.O. Box Number is Not Acceptable) 82 **ROYAL PALM BEACH FL 33411** 83 84 City Zip Code 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, typod or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE DELETE 1.1 TITLE ☐ Change Addition **ELLIOTT, JOHN** NAME 1.2 NAME 10285 SYMPHONY LANE STREET ADDRESS 1.3 STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE . 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY- ST ZIP D£LE1E Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 of 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 char

5.4 CHY-SI-ZIP

6.1 TITLE

6.2 NAME

DELETE

6.3 STREET ADDRESS

FILED

Jan 31 1997 8:00am

Secretary of State

Change

Addition