

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026279 (5)
1. Corporation Name
KAC PAINTING & DECOR, INC.



Principal Place of Business 2119 WHITESIDE AVENUE SE PALM BAY FL 32909	Mailing Address 2119 WHITESIDE AVENUE SE PALM BAY FL 32909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/20/1996	
4. FEI Number 59-3367987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THORNDYKE, SUSAN E
2119 WHITESIDE AVENUE SE
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 607.0502, Florida Statutes.

SIGNATURE: *Susan E. Thorndyke* (Signature typed or printed name of registered agent is acceptable) (4-311) Registered Agent signature required when reinstating. DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD THORNDYKE, SUSAN E 2119 WHITESIDE AVENUE SE PALM BAY FL 32909	<input checked="" type="checkbox"/> DELETE	
TITLE	VD COY, CRAIG E 2119 WHITESIDE AVENUE SE PALM BAY FL 32909	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	O MICIELE, PAUL 2119 WHITESIDE AVE SE PALM BAY FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE: *President*

1.2 NAME: *Craig Edward Coy*

1.3 STREET ADDRESS: *Same As Above*

1.4 CITY-ST-ZIP: *Same As Above*

2.1 TITLE: *Treasurer*

2.2 NAME: *Craig Edward Coy*

2.3 STREET ADDRESS: *SAME AS ABOVE*

2.4 CITY-ST-ZIP: *SAME AS ABOVE*

3.1 TITLE: *SECRETARY*

3.2 NAME: *Craig Edward Coy*

3.3 STREET ADDRESS: *Same as above*

3.4 CITY-ST-ZIP: *Same as above*

4.1 TITLE: Change Addition

4.2 NAME: Change Addition

4.3 STREET ADDRESS: Change Addition

4.4 CITY-ST-ZIP: Change Addition

5.1 TITLE: Change Addition

5.2 NAME: Change Addition

5.3 STREET ADDRESS: Change Addition

5.4 CITY-ST-ZIP: Change Addition

6.1 TITLE: Change Addition

6.2 NAME: Change Addition

6.3 STREET ADDRESS: Change Addition

6.4 CITY-ST-ZIP: Change Addition

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14. I 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: *Pamela L. Thorndyke* *05-19-98 447-953-3511*

CR2E034 (10/97)