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Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000037474 (9)

1. Corporation Name

HERNANDEZ PAINTING INC

Principal Place of Business

1790 BROKEN BOW DRIVE WEST  
JACKSONVILLE FL 32225

Mailing Address

1790 BROKEN BOW DRIVE WEST  
JACKSONVILLE FL 32225-3575

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

24 32225 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 32225 29 Country

9. Name and Address of Current Registered Agent

HERNANDEZ, ROGER  
1790 BROKEN BOW DRIVE WEST  
JACKSONVILLE FL 32225

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT MR. ROGER HERNANDEZ  
NAME  
STREET ADDRESS 1790 BROKEN BOW DR WEST  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

VICE PRESIDENT  
ANTONIA HERNANDEZ  
1790 BROKEN BOW DR WEST JACK FL 32225

71 TITLE  
72 NAME  
73 STREET ADDRESS  
74 CITY-ST-ZIP

81 TITLE  
82 NAME  
83 STREET ADDRESS  
84 CITY-ST-ZIP

91 TITLE  
92 NAME  
93 STREET ADDRESS  
94 CITY-ST-ZIP

101 TITLE  
102 NAME  
103 STREET ADDRESS  
104 CITY-ST-ZIP

111 TITLE  
112 NAME  
113 STREET ADDRESS  
114 CITY-ST-ZIP

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 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

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

CR2E034 (9/96)