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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000096572 (8)

1. Corporation Name

GREENO PAINTING SERVICES, INC.

Principal Place of Business

1182 - 44TH AVENUE NORTHEAST  
ST. PETERSBURG FL 33703

Mailing Address

1182 - 44TH AVENUE NORTHEAST  
ST. PETERSBURG FL 33703-5242



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1996		3a. Date of Last Report N/A	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0729276		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALENTE, ANTHONY P JR., ESQ 2730 CENTRAL AVENUE ST. PETERSBURG FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PAT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENO, KEVIN	1.2 NAME	KEVIN GREENO
STREET ADDRESS	1182 - 44TH AVENUE NORTHEAST	1.3 STREET ADDRESS	1182 44th Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL 33703	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENO, DANA	2.2 NAME	PATRICK DECECCO
STREET ADDRESS	1182 - 44TH AVENUE NORTHEAST	2.3 STREET ADDRESS	1182 44th Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Assistant V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DANA OSTER HOUT
STREET ADDRESS		3.3 STREET ADDRESS	1182 44th Ave. NE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CLAY HARDY
STREET ADDRESS		4.3 STREET ADDRESS	1182 44th Ave NE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Kevin Greeno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

813-525-8574

Date

Daytime Phone # 0007720

CR2E034 (9/96)