


FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 17 1997 8:00am Secretary of State	
DOCUMENT # 196000099914					
1. Corporation Name LASSONDE PAINTING, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1969 EUSTACE AVENUE		26 1969 EUSTACE AVENUE		12/11/96	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report	
23 DELTONA, FLORIDA		28 DELTONA, FLORIDA		INITIAL	
24 32725		29 32725		4. FEI Number	
25 USA		30 USA		59-3419274	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MARK A. LASSONDE		81 Name			
1969 EUSTACE AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
DELTONA, FLORIDA 32725		83			
		84 City			
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
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 provided 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, I changed, or on an attachment with an address.					
SIGNATURE: _____ PRESIDENT					
4/13/97 904-789-3076					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)