FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000020163 (6) PRODUCTION PAINTING, INC. Mailing Address Principal Place of Business 2410 SAINT SWITHIN LANE 2410 SAINT SWITHIN LANE MELBOURNE FL 32935 MELBOURNE FL 32935 3. Date Incorporated or Qualified 02/28/1997 2a. Mailing Address 2. Principal Place of Business 59-3433088 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent R1 Name RAY, LAURIE A 2410 SAINT SWITHIN LANE 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32935** 83 84 City 85 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 Statutos. LAURIE A. KAY OF ICERS AND DIRECTORS 12. DELETE TITLE 1.1 TO LE LAURIE A RAY 2410 SAINT SWITHIN LANE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS HELBOULNE, 11. 32935-VICE PRESIDENT 1.4 CITY - \$1 - ZIP CITY-ST-ZIP 2.1 TITLE TITLE RAZPH RAY NAME 2.2 NAME 2410 ST. SWITHIN LANE STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP

TITLE

NAME

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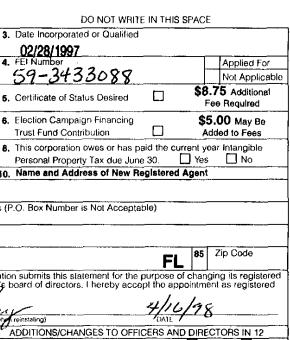
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May 27 1998 8:00am Secretary of State



Addition ME LBOURNE, FL 32935 ■ Addition 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP 14. Thereby 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 armud 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.