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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000080685 (5)

1. Corporation Name
NAVARRE PAINT CENTER, INC.



Principal Place of Business
7552 NAVARRE PKWY. UNIT 3
NAVARRE FL 32566

Mailing Address
7552 NAVARRE PKWY. UNIT 3
NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1997

4. FEI Number
59-3469238

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7580 NAVARRE PKWY

Suite, Apt. #, etc.

22 City & State
NAVARRE FL.

23 Zip
32566

24 Country
SANTA ROSA

2a. Mailing Address

26 7580 NAVARRE PKWY

Suite, Apt. #, etc.

27 City & State
NAVARRE FL.

28 Zip
32566

29 Country
SANTA ROSA

9. Name and Address of Current Registered Agent

MORRISON, MELVIN L
7552 NAVARRE PKWY, UNIT 3
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name MORRISON, MELVIN L.
82 Street Address (P.O. Box Number is Not Acceptable)
7580 NAVARRE PKWY
83
84 City NAVARRE FL 85 Zip Code 32566

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 Melvin L. Morrison

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

(NOTE: Registered Agent signature required when reinstating)

4-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MORRISON, MELVIN L
STREET ADDRESS 2208 WEDGEWOOD CT.
CITY-ST-ZIP NAVARRE FL 32566 ☐ DELETE

TITLE D
NAME MORRISON, KATHRYN B
STREET ADDRESS 2208 WEDGEWOOD CT.
CITY-ST-ZIP NAVARRE FL 32566 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 of Registered Agent

1-5-98

CR2E034 (10/97)