


DOCUMENT # P98000085211			
1. Entity Name NORTH FLORIDA PAINT CO. OF DUVAL COUNTY			
Principal Place of Business P.O. BOX 16228 JACKSONVILLE FL 32245		Mailing Address 217 SAPELO RD JACKSONVILLE FL 32216	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5800-203 Beach Blvd Suite, Apt. #, etc. 409 City & State Jacksonville, FL Zip 32207-5180 Country Duval	
6. Name and Address of Current Registered Agent			
NORMAN, ROBERT S 217 SAPELO RD JACKSONVILLE FL 32216		Name Robert S. Norman Street Address (if different) 5800-203 Beach Blvd City Jacksonville	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE <u>Robert S. Norman</u> (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.	
P NORMAN, ROBERT S 217 SAPELO RD JACKSONVILLE FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert S. Norman</u> Robert S. Norman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)