2ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S07996** (9)

1. Corporation Name

PAINTCO, INC.

Principal Place of Business	Mailing Address
5944 LONE STAR RD. JACKSONVILLE FL 32211	5944 LONE STAR RD. JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1990
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 11216 St Johns Industrial Parkway
Suite, Apt. #, etc.
22: Suite # 9
City & State
23: Jax. Fl.
Zip
24: 32246
County
25: Duval

Mailing Address
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
County
30:

4. FEI Number: 59-3036630 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEPER, RICHARD C., JR.
3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LEAKE, JAMES A.	12 NAME		
STREET ADDRESS	5944 LONE STAR ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	LEAKE, MICHAEL E.	22 NAME		
STREET ADDRESS	5944 LONE STAR RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE		☐ Change ☐ Addition
NAME	LEAKE, DARRELL	32 NAME		
STREET ADDRESS	5944 LONE STAR ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 no address.

SIGNATURE: Jim Leake President 7/27/95 904-645-8875
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003201 CP