FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S13311 (3)

1. Corporation Name

PAINT IMPROVEMENTS, INC.

Principal Place of Business
3728 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Mailing Address
3728 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-3037846 ☐ 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

2. Principal Place of Business
21 3670 Strawberry Lane
Suite, Apt. #, etc.
22
City & State
23 New Smyrna Beach, FL.
Zip 24 32168 Country 25 Volusia

2a. Mailing Address
26 3670 Strawberry Lane
Suite, Apt. #, etc.
27
City & State
28 New Smyrna Beach, FL.
Zip 29 32168 Country 30 Volusia

9. Name and Address of Current Registered Agent

HERMA FELECIA NEWMAN
3728 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3670 Strawberry Lane
83
84 City: New SmyrnA Beach FL 85 Zip Code: 32168

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 Herma F. Newman, D.,P. — Herma F. Newman — DATE 4-12-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D,P ☑ Change ☐ Addition
NAME	NEWMAN, HERMA F.		1.2 NAME	Newman, HermA F.
STREET ADDRESS	3728 PIONEER TRAIL		1.3 STREET ADDRESS	3670 Strawberry Lane
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	New SmyrnA Beach, FL. 32168
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(k), 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: Herma F. Newman — Herma F. Newman D,P — 4-12-96 — (904)427-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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