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 # **S36146** **(6)**

1. Corporation Name
LOCKER PAINTING SERVICES, INC.

Principal Place of Business
P.O. BOX 6025
WEST PALM BEACH FL 33405

Mailing Address
P.O. BOX 6025
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: **03/04/1991**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **65-0254422** ☐ 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
LOCKER, WILLIAM L.
% LOCKER PAINTING SERVICES, INC.
6920 GEORGIA AVE, P.O. BOX 6025
WEST PALM BEACH FL 33405-0025

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 Section [illegible] 607.0502 and 607.150(x), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in [illegible] 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 [illegible] of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent, and the date. (Required)
Date: Registered Agent signature required after filing.

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	LOCKER, WILLIAM L.	
STREET ADDRESS	6920 GEORGIA AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☑ Change ☐ Addition
1.2 NAME	LOCKER, William L.	
1.3 STREET ADDRESS	PO BOX 6025	N/A
1.4 CITY, ST, ZIP	WEST PALM BEACH, FL. 33405	
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	700001844627	☐ Change ☐ Addition
6.2 NAME	-05/30/96--01060--005	
6.3 STREET ADDRESS	***200.00	
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)(x), 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 a 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: William L. Locker 5-1-96 407-582-5407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)