

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # S54174

(5)

1. Corporation Name

ED FOUTS PAINT SHOP, INC.

Principal Place of Business

2198 N.E. 163RD STREET
N. MIAMI BEACH FL 33162

Mailing Address

2198 N.E. 163RD STREET
N. MIAMI BEACH FL 33162-4926



2. Principal Place of Business

21 Suite Apt. # 101

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1921 NW 178TH TERRACE

27 City & State

28 PENSACOLA PINES, FL

29 33029-3045 30 BROWARD

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

05/21/1996

4. FEI Number

65-0261518

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

FOUTS, ED
2198 N.E. 163RD ST.
N. MIAMI BEACH FL 33162

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 understand and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

12.1
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CITY-STATE-ZIP
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FOUTS, ED
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N. MIAMI BEACH FL

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do 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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ed Fouts

SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION PERIOD

0220481

CR2E034 (9/96)