

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Jul 25 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S70270 (1)**  
 1. Corporation Name  
**S & T PAINTING, INC.**



Principal Place of Business <b>5397 PATRICIA PL SPRING HILL FL 34607</b>	Mailing Address <b>5397 PATRICIA PL SPRING HILL FL 34607</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/24/1991</b>		3a. Date of Last Report <b>04/16/1996</b>	
4. FEI Number <b>59-3077570</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>4091 Diaz Court</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4091 Diaz Court</b> Suite, Apt. #, etc.	
22 City & State 23 <b>Spring Hill, Florida</b>		27 City & State 28 <b>Spring Hill, Florida</b>	
24 <b>34607</b> 25 Country		29 <b>34607</b> 30 Country	

9. Name and Address of Current Registered Agent  
**SAVARESE, ANTHONY T.**  
**5397 PATRICIA PL**  
**SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>SAVARESE, ANTHONY T.</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<b>SAVARESE, Anthony, Sr.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVARESE, ANTHONY T.</b>	1.2 NAME	<b>SAVARESE, Anthony, Sr.</b>
STREET ADDRESS	<b>5397 PATRICIA PL</b>	1.3 STREET ADDRESS	<b>4091 DIAZ COURT</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-ST-ZIP	<b>Spring Hill, Florida 34607</b>
TITLE <b>D</b>	<b>SAVARESE, LISA</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<b>SAVARESE, LISA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVARESE, LISA</b>	2.2 NAME	<b>SAVARESE, LISA</b>
STREET ADDRESS	<b>5397 PATRICIA PL</b>	2.3 STREET ADDRESS	<b>4091 DIAZ COURT</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>	2.4 CITY-ST-ZIP	<b>Spring Hill, Florida 34607</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>UP</b>	<b>SAVARESE, Anthony, Sr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>SAVARESE, Anthony, Sr.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4091 DIAZ COURT</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Spring Hill, Florida 34607</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an address.

SIGNATURE: *[Signature]* **7/19/97** (1352) **597-2417**

CR2E034 (4/97)