SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S76018 (8)**ROYAL PAINT & SUPPLY, INC.** Principal Place of Business Mailing Address **2560 12TH STREET** 2560 12TH STREET SARASOTA FL 34237 SARASOTA FL 34237 3. Date Incorporated or Qualified 3a. Date of Last Report 08/27/1991 04/27/1995 2. Principa! Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0292858 Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{10} Country 8. This corporation has liability for intangible tax unider s. 199 032 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZANYK, ALAN J. **2560 12TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 83 84 City Zip Code 85 5,0502 and 607,508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered. State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions g office or registered agent agent I am familiar with 7-8-96 Signature typed or printed (h.) H. Registered Agent signature required when re-estating i 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TIFLE D DELETE 111111 Change Addition ZANYK, ALAN J. 1.2 NAME 1830 WOODHAVEN CIRCLE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST. ZIP TITLE DELETE Change Addition 2.1 TillE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 THILE Change Addit on NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - \$1 - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CI*Y - ST - ZIP DELETE TITLE 6.1 FIFLE 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 further certify that the information indicated on the senual re-made under cath, that I arii an officer or director of the compoof soluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 port/or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if or or or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or director

with an address

Day to Prove #

that my name appears in Block 12 or Block

SIGNATURE AND TYPED OR

SIGNATURE: