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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S99780

(6)

1. Corporation Name

BUD'S EXPERT PAINTING, INC.

Principal Place of Business

6533 WILEY STREET
HOLLYWOOD FL 33023

Mailing Address

6533 WILEY STREET
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1991

3a. Date of Last Report

06/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

NOT APPLICABLE

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

SHOOK, HAROLD F.
6533 WILEY STREET
HOLLYWOOD FL 33023

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SHOOK, HAROLD F.

STREET ADDRESS

6533 WILEY STREET

CITY ST ZIP

HOLLYWOOD FL

1 1 TITLE

☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY ST ZIP

TITLE

D

NAME

SHOOK, GRACE A.

STREET ADDRESS

6533 WILEY STREET

CITY ST ZIP

HOLLYWOOD FL

2 1 TITLE

☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3 1 TITLE

☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4 1 TITLE

☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5 1 TITLE

☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6 1 TITLE

☐ Change ☐ Addition

6 2 NAME

6 3 STREET ADDRESS

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)(a), 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:

H.F. Shook H.F. SHOOK, PRES. 1-6-95 3059624758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone