FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40971 (6)

1. Corporation Name
BRIAN VEALE PAINTING, INC.

Principal Place of Business: PO BOX 1355, ISLAMORADA FL 33036

Mailing Address: PO BOX 1355, ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0336504 — 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. [X] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CROWELL, GUS H
91760 OVERSEAS HWY
TAVERNIER FL 33070

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 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	S	TITLE	P — [X] Change [ ] Addition
NAME	VEALE, BRIAN	NAME	Veale,Brian
STREET ADDRESS	113 NAUTILUS	STREET ADDRESS	81909 Old Hwy.
CITY-ST-ZIP	ISLAMORADA FL	CITY-ST-ZIP	Islamorada, Fl. 33036
TITLE	V	TITLE	V — [X] Change [ ] Addition
NAME	VEALE, MARY	NAME	Kunc,Karl
STREET ADDRESS	113 NAUTILUS DR	STREET ADDRESS	181 East Ridge Rd.
CITY-ST-ZIP	ISLAMORADA FL	CITY-ST-ZIP	Tavernier,Fl.33070
TITLE	S	TITLE	S — [X] Change [ ] Addition
NAME	DAVIS, KENNETH A.	NAME	Veale, Mary
STREET ADDRESS	74560 OVERSEAS HWY	STREET ADDRESS	81909 Old Hwy.
CITY-ST-ZIP	ISLAMORADA FL	CITY-ST-ZIP	Islamorada, Fl.33036
TITLE	T	TITLE	T — [X] Change [ ] Addition
NAME	JENKINS, MICHAEL T.	NAME	Jenkins, Michael,T
STREET ADDRESS	82217 OVERSEAS HWY	STREET ADDRESS	117 Jerome St.
CITY-ST-ZIP	ISLAMORADA FL	CITY-ST-ZIP	Islamorada, Fl.33036
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Mary Veale Mary Veale — 4/27/95 — 305 664-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423799 FF