FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V47827** **(3)**

1. Corporation Name

P & L PAINTING & DECORATING, INC.

Principal Place of Business:
1803 NW 38TH TER
GAINESVILLE FL 32605

Mailing Address:
1803 NW 38TH TER
GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-3130256 [ ] 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

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

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

9. **Name and Address of Current Registered Agent**

LILIEHOLM, LENNART E.
1803 NW 38TH TER
GAINESVILLE FL 32605

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 617.0502, 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

TITLE	P	[ ] DELETE
NAME	LILIEHOLM, LENNART E.	
STREET ADDRESS	1803 NW 38TH TER	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	D	[ ] DELETE
NAME	LILIEHOLM, JEANNIE	
STREET ADDRESS	1803 NW 38TH TER	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	D	[ ] DELETE
NAME	LILIEHOLM, CARL	
STREET ADDRESS	8620 NW 13TH ST.	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	D	[ ] DELETE
NAME	GLASS, CHARLES	
STREET ADDRESS	5127 NE 24TH AVE LOT 240	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	D	[ ] DELETE
NAME	THORNROSE, ROBERT	
STREET ADDRESS	PO BOX 1277 NA	
CITY, ST, ZIP	HAWTOHORNE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE		[ ] Change [ ] Addition
1) NAME		
1) STREET ADDRESS		
1) CITY, ST, ZIP		
2) TITLE		[ ] Change [ ] Addition
2) NAME		
2) STREET ADDRESS		
2) CITY, ST, ZIP		
3) TITLE		[ ] Change [ ] Addition
3) NAME		
3) STREET ADDRESS		
3) CITY, ST, ZIP		
4) TITLE		[ ] Change [ ] Addition
4) NAME		
4) STREET ADDRESS		
4) CITY, ST, ZIP		
5) TITLE		[ ] Change [ ] Addition
5) NAME		
5) STREET ADDRESS		
5) CITY, ST, ZIP		
6) TITLE		[ ] Change [ ] Addition
6) NAME		
6) STREET ADDRESS		
6) 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 report or supplemental 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: Lennart Lilieholm 3/29/96 352/375-7968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)