

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V49380 (1)

1. Corporation Name

CORAL SPRINGS PAINTING, INC.



Principal Place of Business

8939 NW 19TH ST
CORAL SPRINGS FL 33071

Mailing Address

8939 NW 19TH ST
CORAL SPRINGS FL 33071

2. Principal Place of Business

21 10003-1 NW 83RD ST

Suite, Apt. #, etc TAMARAC

22 CORAL SPRINGS,

City & State

23 FLORIDA

Zip

24 33321

Country

25 USA

2a. Mailing Address

26 10003-1 NW 83RD ST.

Suite, Apt. #, etc

27 TAMARAC

City & State

28 FLORIDA

Zip

29 33321

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

04/24/1995

4. FDI Number

65-0353675

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

LAYTON, ROBERT J JR
8939 NW 19TH ST
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

LAYTON ROBERT J JR

82 Street Address (P.O. Box Number is Not Acceptable)

10003-1 NW 83RD ST.

83

84 City

TAMARAC

FL

85 Zip Code

33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. If not, it must be typed and signed by the agent.

Signature typed or printed. If not, it must be typed and signed by the agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LAYTON, ROBERT J JR	
STREET ADDRESS	8939 NW 19TH ST	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE	DS	☒ DELETE
NAME	LAYTON, ROBERT J	
STREET ADDRESS	8939 NW 19TH ST.	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE	DT	☐ DELETE
NAME	LAYTON, JAMES	
STREET ADDRESS	8939 NW 19TH ST.	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	LAYTON ROBERT J JR.	
1.3 STREET ADDRESS	10003-1 NW 83RD ST.	
1.4 CITY-STATE-ZIP	TAMARAC, FL. 33321	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	DT	☒ Change ☐ Addition
3.2 NAME	LAYTON JAMES	
3.3 STREET ADDRESS	10003-1 NW 83RD ST.	
3.4 CITY-STATE-ZIP	TAMARAC, FL. 33321	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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: Robert J Layton Jr. 5-10-96 (254) 752-6690
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)