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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V49997

(2)

QUALITY PAINTING CONTRACTORS, INC.

Principal Place of Business Mailing Address									
6302 CONNIE NEW PORT 6	EWOOD SOUARE RICHEY FL 34653	6302 COMMIEWOOD SQUARE NEW PORT RICHEY FL 34653							
						3. Date Incorporated or Qualified 07/10/1992	3a. Date o	of Last /30/19	
	ace of Business	2a. Mailing Address				4. FEI Number	h		Applied For
21		26				59-3130759 Not Applicable			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	4			Trust Fund Contribution	Added to Fees		
Zip	Country	Z _i p		ıntry		8. This corporation has liability for in	tangible tax	under	s 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes X Yes No			
	9, Name and Address of Curren	it Negistereo Agent		81	Name	10. Name and Address of New Re	gistered A	jent	···································
D.141D.11				"	name				
	L, CHARLES			82	Street Addre	ss (P.O. Box Number is Not Acceptable	2)		
	ONNIEWOOD SQUARE					· · · · · · · · · · · · · · · · · · ·			
NEW PO	ORT RICHEY FL 34653			83					
				84	City		FL	85 2	Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607.1508, Florida Statute da. Such change was authorize	s, the abo	LL ove-n corpo	arned corpora	tion submits this statement for the purp I of directors. I hereby accept the appoi	oon of short	ging its	registered office
familiar wit	h, and accept the obligations of, Secti	ion 607.0505, Florida Statutes.				, ,		<i>3</i> - · · · ·	
	Signature, typed or printed name of registered agend	and fille if applicable (NO)	t. Registered	Agent	t signature required i	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	XERS AND D	RECT	ORS IN 12
TITLE	Р	****		1 1 THLE				Change	Addition
NAME	RANDALL, CHARLES A		1.2 N	AME					
STREET ADDRESS	6302 CONNIEWOOD STREET	•	1.3 \$1	TAEET	ADDRESS				
C(TY - ST - ZIP	NEW PORT RICHEY FL		1.4 CITY - ST - ZIP		I - 7iP				
TITLE	V DELETE		2 1 1	2 1 HILE				Change	Addition
NAMÉ	RANDELL, CHARLES R		2 2 NAME		ļ				
STREET ADDRESS	6420 KELSO DRIVE		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY - ST - ZIP		I - ZIP				
TITLE		DELETE	TE 3. 1 TITLE					Change	Addition
NAME			3.2 N/	ΑΜέ					
STREE1 ADDRESS			3.3 \$	IBEET	ADDRESS				
CITY-ST-ZIP			3,4 ()	TY-ST	1 - ZIP				
TITLE		☐ DELETE	4. 1 Ti	TLE				Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	REET	ADDRESS				
CITY-ST-Z.P			4.4 CI	TY-ST	f-ZIP				
TITLE		☐ DELETE	5 1 1	5 1 TITLE				Change	Addition
NAME			5 2 N	ME					
STREET ADDRESS			53\$1	REET	ADDRESS				
CITY-ST-ZIP				[Y-\$1					
TITLE		☐ DELETE	6 1 J					Change	Addition
NAME			62 N	AME				-	_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TV_ST	1				

14. Ido 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 cath; 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: Charles A. Ran DACE
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4.3096(81) 7848-2006

72E034 (12/95)