

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State

19965-1-96 B-6820-XC

DOCUMENT # **V53599 (9)**

1. Corporation Name

DISTINCTIVE WALLPAPERING & PAINTING INC.

Principal Place of Business

673 BENEDICTINE TERR
SEBASTIAN FL 32958

Mailing Address

673 BENEDICTINE TERR
SEBASTIAN FL 32958



2. Principal Place of Business

21. Subj. April, 1995

22. City & State

23. Zip

25. County

2a. Mailing Address

26. Subj. April, 1995

27. City & State

28. Zip

29. County

9. Name and Address of Current Registered Agent

**GUESS, THOMAS J.
673 BENEDICTINE TERR
SEBASTIAN FL 32958**

3. Date Incorporation or Qualified **07/23/1992**

3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0347897**

Applied For Not Applicable

5. Creditors of Status Debated

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Funds Contribution

\$5.00 May Be Added to Fees

8. This corporation has authority for inflexible for under s. 150.01 Florida Statutes Yes No

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 Section 601.03(1) and 601.15(1), Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent, on both in the State of Florida is a duly organized corporation, the corporation board of directors, thereby, accept the appointment as registered agent, for its liability with and accept the obligations of its registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1. TITLE	<input type="checkbox"/> DELETE
NAME	D GUESS, THOMAS J.
STREET ADDRESS	673 BENEDICTINE TERR
CITY, ST, ZIP	SEBASTIAN FL
12.2. TITLE	<input type="checkbox"/> DELETE
NAME	D GUESS, DEBORAH A.
STREET ADDRESS	673 BENEDICTINE TERR
CITY, ST, ZIP	SEBASTIAN FL
12.3. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	
13.3. STREET ADDRESS	
13.4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5. NAME	
13.6. STREET ADDRESS	
13.7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8. NAME	
13.9. STREET ADDRESS	
13.10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11. NAME	
13.12. STREET ADDRESS	
13.13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14. NAME	
13.15. STREET ADDRESS	
13.16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I (we) hereby certify that the information supplied with this filing is voluntary, furnished and checked in good faith for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 601, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed or on an addition with an address.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Guess, Pres. ✓

(407) 388-5330

CR2E034 (12/95)