FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # V64455

(1)

RAWLINS PAINTING INC.

Principal Place of Business Mailing Address									
1848 E CHERYL DR 1848 E CHERYL DR WINTER PARK FL 32782 WINTER PARK FL 32792-63									
<u> </u> 						3. Date Incorporated or Qualified 09/11/1992	1	ate of Last R	eport
├ \	Place of Business	2a. Mailing Addre	SS			4. FEI Number			plied For
Suite, Apt.	# Alc	26 Suite, Aρt. #, ε	atc .			59-3139679	 	\$8.75	t Applicable
22	. H, OIC	27	no.			5. Certificate of Status Desired		Fee Re	
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cou	untry	/	8. This corporation has liability for	intangible	tax under s.	. 199.032,
24	25	29	30				Yes		
	9. Name and Address of Curr	ent Registered Agent		-	T	10. Name and Address of New R	egistered	Agent	
	MLINS, DONALD R.			81	Name				
1848 E CHERYL DR				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		· .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
WINTER PARK FL 32792				83	ļ. <u></u>				
İ				63					
]				84	City		FL	85 Zip (Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.0 registered agent or both, in the Sta arm familiar with, and accept the ob-					poration submits this statement for the ation's board of directors. I hereby acce	purpose o	of changing its	is registered registered
12.		AND DIRECTORS	13.		on opinion rode	ADDITIONS/CHANGES TO OFF		D DIRECTOR	IS IN 12
1.1LE	D	☐ DEL	ETE 1.1 T	ITLE	·····			Change	Addition
NAME	RAWLINS, DONALD R.		1.2 N	IAME	1				
STHEET ADDRESS			1,3 S	TAEET	ADDRESS				
CITY-ST-7IP	WINTER PARK FL			ITY-5	ST-ZIP				
THE		☐ DEL	ETE 21T	ITLE				Change	Addition
NAME			2.2 N		Ť		,		
STREET ADORESS			B		ADDRESS				
City-St-7iP	<u> </u>	T Art		·	ST-ZIP		·····	T Observed	T table
TITLE		☐ DEL						Change	Addition
NAMÉ	1		32 N						
STREET ADDRESS	}				ADDRESS				
CHY-ST-ZIP TITLE		DEL			ST-ZIP			Change	Addition
NAME		- J DEL		NAME	1			The Auditor	CT FROMING
STREET ADDRESS					I ADDRESS				
CITY: ST-ZiP					ST-ZIP				
TITLE		☐ DEL			21 - FIE			Change	Addition

14. I do hereby certify that the information supplied with this filling 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 obenged, or on an attachment with an address.

52 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TIFLE

CITY - ST - ZIF

STREET ADDRESS

C-TY-ST-ZIP

CHARLES THE HEQUIPES W ROW WS PIE 4/28/97 407 C