

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

INCORPORATION
 ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathias
 Secretary
 1700 North Florida Avenue, Tallahassee, Florida 32304-2500

**APPROVED
 AND
 FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F61227 (7)
BLACK'S PAINTING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

20 SLOAN RIDGE RD GROVELAND FL 34736 US		230 SLOAN RIDGE RD 350 W ORANGE STREET GROVELAND FL 34736 US		3. Date of Incorporation/Qualification 01/06/1982	3a. Date of Last Report 04/29/1994
21. State of Incorporation FL	26. Mailing Address FL	4. FEI Number 59-2151094	Applied Fee Not Applicable		
22. State of Principal Office FL	27. Date of Report 04/29/1994	5. Certificate of Status Required <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City of Principal Office GROVELAND	28. City of State GROVELAND	6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Name BLACK, DAVID R.	25. Title REGISTERED AGENT	29. Country FL	8. This Corporation has liability for intangible tax under S. 19B.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLACK, DAVID R. 230 SLOAN RIDGE RD GROVELAND FL 34736				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)	230 Sloan Ridge Rd.		
				B3. City			
				B4. State	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 217.01 and 217.15 of the 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 aware of and accept the obligations of Section 217.01 of the Florida Statutes.

SIGNATURE: *David R. Black* (Signature) Date: **5-4-95** (Date)

12. CURRENT OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME: PD BLACK, DAVID R.	STREET ADDRESS: 230 SLOAN RIDGE RD GROVELAND FL	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: VSD BLACK, KATHERINE R.	STREET ADDRESS: 230 SLOAN RIDGE RD MONTERVEDE FL	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME:	STREET ADDRESS:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	STREET ADDRESS:	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information indicated on this report is true and correct and that my signature shall have the same legal effect as if made in person. This report is required for the corporation in the filing of this report as required by Chapter 217, Florida Statutes, and that my name appears on Black's or Black's file as required by an affidavit with an address.

SIGNATURE: *David R. Black* *David R. Black* **5-4-95** **904-429-3667**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR