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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000026279 (5)

1. Corporation Name
KAC PAINTING & DECOR, INC.



Principal Place of Business: 2119 WHITESIDE AVENUE SE, PALM BAY FL 32909
Mailing Address: 2119 WHITESIDE AVENUE SE, PALM BAY FL 32909-0012

3. Date Incorporated or Qualified: 03/20/1996
3a. Date of Last Report
4. FEI Number: 59-3367987
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
THORNDYKE, SUSAN E
2119 WHITESIDE AVENUE SE
PALM BAY FL 32909

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: PSTD [] DELETE
NAME: THORNDYKE, SUSAN E
STREET ADDRESS: 2119 WHITESIDE AVENUE SE
CITY - ST - ZIP: PALM BAY FL 32909
TITLE: VD [] DELETE
NAME: COY, CRAIG E
STREET ADDRESS: 2119 WHITESIDE AVENUE SE
CITY - ST - ZIP: PALM BAY FL 32909
TITLE: OFFICER [] DELETE
NAME: PAUL MICELE
STREET ADDRESS: 2119 WHITESIDE AVE SE
CITY - ST - ZIP: PALM BAY FL 32909
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: OFFICER [] Change Addition
1.2 NAME: PAUL MICELE
1.3 STREET ADDRESS: 2119 WHITESIDE AVE SE
1.4 CITY - ST - ZIP: PALM BAY, FL 32909
2.1 TITLE: [] Change [] Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3.1 TITLE: [] Change [] Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: [] Change [] Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: [] Change [] Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: [] Change [] Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

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

SIGNATURE: Susan E. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-23-97
Daytime Phone #: 9533511

CR2E034 (9/96)