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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 483709

1. Corporation Name

INDUSTRIAL PAINTING CORPORATION

| Principal Place | of Business | Mailing Address | | | | | #1#11 #1#11 #1 |)### ##### ########################### |
|---|---|-------------------------------|---|--|--|---|--------------------------|--|
| TUSKENOOGEE | ROAD | TUSKENOOGEE ROAD | | | | | | |
| P.O. BOX 541 P.O. BOX 541 | | | | | | DO NOT WRITE IN TH | IC COACE | |
| LAKE CITY FL 32056-7541 LAKE CITY FL 32056-7541 | | | 1 | | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 09/02/1975 | | |
| | AD Comment | 0 - Mailing Address | | | | 4, FEI Number | | Applied For |
| | ace of Business | 2a. Mailing Address | | | | 59-1616815 | | Not Applicable |
| Suite, Apt. 3 | # ntn | Suite, Apt. #, etc. | | | | 39-10 100 13 | \$8.7 | 5 Additional |
| | 4, etc. | 27 | | | | 5. Certifcate of Status Desired | • - | e Required |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5 | 00 May Be |
| 23 | • | 28 | | | | Trust Fund Contribution | | led to Fees |
| Zip | Country | Zip | Co | untry | - | 8. This corporation owes the current year | ntangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | 🖺 Yes | □No |
| | 9. Name and Address of Curre | | | | | 10. Name and Address of New Registere | d Agent | |
| | | | | 81 | Name | | | |
| | SR., HUGH A. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| TUSKENOOGEE ROAD | | | | 52 | Street Addit | ess (1.0. box Homber is Not Acceptable) | | |
| LAKE | CITY FL 32055 | | | 83 | | | | |
| | | | | | O.15. | | 05 | Zip Code |
| | | | | 84 | City | F | L 85 | Zip Code |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig | e of Florida. Such change was | authorize | d by 1 | the corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changin ointment a | g its registered is registered |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered ag | | | | t signature required | d when reinstating) DATE | AND DIDE | OTODO IN 12 |
| 12. | | ND DIRECTORS | 13. | i | | ADDITIONS/CHANGES TO OFFICERS | みいし ひげんこ | CIORS IN 12 |
| TITLE | | □ DELETE | 447 | en t | | | | nge |
| | ST CHICH A | ☐ DELETE | 1.1 T | | | | ☐ Cha | nge Addition |
| NAME | BUIE, HUGH A. | ☐ DELETE | 1.2 N | IAME | | | | nge Addition |
| NAME STREET ADDRESS | BUIE, HUGH A. TUSKENOOGEE ROAD | ☐ DELETE | 1.2 N 1.3 S | IAME TREET | ADDRESS | | | nge Addition |
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14. I 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, with all other like empowered.

H.A. (A1) Buie, Jr., President

SIGNATURE:

SIGNATURE

Date

Date

Desprise Phone #

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP