**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K52227

HOLLYWOOD PAINT & COLOR WORKS, INC.

Principal Place	e of Business	Mailing Address					
14 SE HOLLYWOOD BLVD 14 SE HOLLYWOOD BVLD							
FT WALTON BO		FT WALTON BCH FL 32548					_
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qual	ifed	
					12/12/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2919316	ş T	Not Applicable
Suite, Apt.	# ato	Suite, Apt. #, etc.			1	\$8.	75 Additional
	#, etc.	— · · ·			5. Certifcate of Status Desire		ee Required
22		27 City 8 Ctata	****				
City & Stat	e ,	City & State			6. Election Campaign Finance		.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the		
24	25	29	30		Personal Property Tax.		s 🗆 No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of N	ew Registered Agent	
	4.4.4.5		81	1 Name			
HARVELL, TOMMY, H.							
14 SE HOLLYWOOD BLVD			82	2 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	ļ
FT WALTON BEACH FL 32548			83	<u> </u>	N2 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>	1200 1 213 H 315 H 153
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			84	4 City		85	Zip Code
	Contraction of the second	and the second second				<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	s, the abov	ve-named cor	poration submits this statement for	the purpose of changi	ng its registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autions of Section 607 0505. Flori	thorized by da Statute:	y tne corporat	tion's board of directors. I hereby a	iccept the appointment	as registered
	iiii lairilliai witri, and accept the congat	adia di, dedicii dar.dada, i io	oa otatato				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: f	Registered Age	ent signature requi	red when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		91 AT 13		
NAME	HARVELL, ALICE M.		1.2 NAME	:	A CANADA A CARA		•
				ET ADDRESS			
STREET ADDRESS	i = 1.1						
CITY-ST-ZIP	BAKER FL		1.4 CITY-1				nange Addition
TITLE	D .	☐ DELETE	2.1 TITLE			шч	alige [] Addition
NAME	HARVELL, TOMMY H.		2.2 NAME	:			. (
STREET ADDRESS	14 E. HOLLYWOOD BLVD					•	=
CITY-ST-ZIP	FT. WALTON BCH, FL 10 100 100		2.3 STREE	ET ADORESS			
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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.

SIGNATURE:

CITY-ST-ZIP

Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90037 029 \*\*\*150.00