Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

Not Applicable

Mo

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

DOCUMENT # M34795

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

JIM'S PAINTING & PRESSURE CLEANING, INC.

Country

9. Name and Address of Current Registered Agent

25

•	
Principal Place of Business	Mailing Address
7520 S.W. 9TH STREET PLANTATION FL 33317	7520 S.W. 9TH STREET PLANTATION FL 33317

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90094 031 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

П

07/07/1986

59-2690311

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

President 3/16/99 954-792-5330

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

	•		81	Name	ic .
HUPP, JAMES 7520 S.W. 9TH ST		82	Street	et Address (P.O. Box Number is Not Acceptable)	
	NTATION FL 33317		83	1	
			L,		log I 7:- Codo
			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was author	onzea ov	THE COLF	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Rec	gistered Age	nt signature	re required when reinstating) DATE
12,	OFFICERS AND DIRECTORS	. (13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUPP, JAMES		1.2 NAME		
STREET ADDRESS	7520 SW 9TH ST		1.3 STREE	TADDRESS	ss
CITY-ST-ZIP	PLANTATION FL		1.4 CITY- 8	T-ZIP	<u></u>
MTLE	D	□ DELETE	2.1 TITLE		☐ Change ☐ Addition
IAME	HUPP, NANCY		2.2 NAME		
STREET ADDRESS	7520 SW 9TH ST.		2.3 STREE	T ADDRESS	SS
	PLANTATION FL		2. 4 CITY-		
CITY-ST-ZIP	TENTATIONTE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	ss
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TILE		□ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
TREET ADDRESS			4.3 STREE	TADDRESS	ss
ATY-ST-ZIP			4.4 CITY-5	T-ZIP	
TILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
VAME			5.2 NAME		•
STREET ADDRESS		-	5.3 STREE	TADDRESS	ss
CITY-ST-ZiP			5.4 CITY-5	ST-ZIP	
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		<u>-</u>
STREET ADDRESS			6.3 STREE	T ADDRESS	ss
CITY_ST_ZIP	·		6.4 CITY-5		
44 11	pertify that the information supplied with this filling does	s not qualify for th	e exemp	tion state	tted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an experience of the same legal effect as if made under oath; that I am an experience of the same legal effect same that my name appears in

Country

30