

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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90224 005 \*\*\*150.00

DOCUMENT # P92000014531

1. Corporation Name BAY PAINTING & DECORATING, INC.



Principal Place of Business 8400 LOST LAKE DR ORLANDO FL 32817 US

Mailing Address 8400 LOST LAKE DR ORLANDO FL 32817 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 12/18/1992 4. FEI Number 59-2926773 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 owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent PATTERSON, MICHAEL D 8400 LOST LAKE DRIVE ORLANDO FL 32817

81 Name Stephen D Barnett 82 Street Address (P.O. Box Number is Not Acceptable) 120 University Park Dr 83 Suite # 210 84 City Winter Park FL 85 Zip Code 32792

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 Stephen D Barnett R.A. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/20/99

12. OFFICERS AND DIRECTORS 1.1 TITLE DPVT 1.2 NAME PATTERSON, MICHAEL D 1.3 STREET ADDRESS 8400 LOST LAKE DRIVE 1.4 CITY-ST-ZIP ORLANDO FL 2.1 TITLE S 2.2 NAME PATTERSON, CRYSTAL S 2.3 STREET ADDRESS 8400 LOST LAKE DRIVE 2.4 CITY-ST-ZIP ORLANDO FL 3.1 TITLE V 3.2 NAME LEWIS, KEN D 3.3 STREET ADDRESS 8400 LOST LAKE DRIVE 3.4 CITY-ST-ZIP ORLANDO FL 4.1 TITLE V 4.2 NAME DAVIS, ED 4.3 STREET ADDRESS 8400 LOST LAKE DRIVE 4.4 CITY-ST-ZIP ORLANDO FL 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE Secretary / Treasurer 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Stephen D Barnett R.A. 4/20/99 (407) 677-8986

CR2E034 (11/98)