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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaus

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # **P96000042206** (8)

BAYLESS PAINTING, INC.

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

109 8W 17TH PLACE CAPE CORAL FL 39991

21

22

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

109 SW 17TH PLACE CAPE CORAL FL 33991-1377

2a. Mailing Address

Suite, Apt. #, etc.

26

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3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

SECRETARY OF STATE

3. Date Incorporated or Qualified

05/10/1996

65-06**5**7985

5. Certificate of Status Desired

4. FEL Number

City & State	е		City & State						. Election Campaign Financi	ng	\$5.00	May Be	Ī		
23					28						Trust Fund Contribution			to Fees	
Zip	Country			Ĺ	Zip		Country			8	This corporation has liabilit			199.032	
24		25			29 30			)			Florida Statutes Yes No				
		Address of Curren	t Re	gistered Ag	jent		10. Name and Address of New Registered Agent								
BAYLESS, TOMMY R 109 SW 17TH PLACE									Name						
									B2 Street Address (P.O. Box Number is Not Acceptable)						$\dashv$
CAPE CORAL FL 33991									00000	000 (	, 10. 20. 10. 10. 10. 10. 10. 1	- price - pr			
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11. Pursuant i	to the provisi	อกร	of Sections 607.050	2 and	1607.1508.	Florida Statutes	, the ab	ove	-named corp	poration	on submits this statement for	the purpose	of changing i	ts registere	a
office or re agent. La	egis <b>ter</b> ed ag m fa <b>m</b> iliar wit	ent, h, a	or both, in the State nd accept the oblica	ot H ilions	orida. Such s of, Section	change was au 607.0505, Flori	tnorizec ida Stati	ı by Jtes	tne corpora	tion's	board of directors. I hereby a	accept the ap	ppointment as	registered	
SIGNATURE					,										1
SIGNATURE	Signature, typed	or prin	ted name of registered age	nt and	tille il applicable	). (NOTE:	Registered	Age	nt signature requ	ired who	on reinslating)	DATE			-   .
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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 only 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.