**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 281124

1. Corporation Name

|  | ado paint company, inc  | <i>j</i> .  |   |                             |   |                             |                      |                                     |
|--|---|---|---|-----------------------------|---|-----------------------------|----------------------|-------------------------------------|
| Principal Plac   | e of Business   | Mailing Address   |   | <del></del>                 | -   | iil bibi bibii bil          | )                    | FB/1 #1811 1381                     |
| 308 OLD COUNTY ROAD CDGEWATER FL 32132-1812 EDGEWATER FL 32132-1812  |   |   |   |                             |   |                             |                      |                                     |
|  |   |   |   |                             | DO NOT WRI  | TE IN THIS                  | SPACE                |                                     |
|  |   |   |   |                             | 3. Date Incorporated or Qualifed  |                             |                      |                                     |
|  |   |   |   |                             | 05/05/1964  |                             | <del></del>          |                                     |
| 2. Principal P   | Place of Business   | 2a. Mailing Address   |   |                             | 4. FEI Number   |                             | - <del> </del>       | plied For                           |
| 21   |   | 26  |   |                             | 59-1051735  |                             |                      | t Applicable                        |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |   |                             | 5. Certifcate of Status Desired   | *                           | \$8.75 A<br>Fee Re   |                                     |
| City & Star  | te  | City & State  |   |                             | 6. Election Campaign Financing  |                             | \$5.00               | ,                                   |
| 23   |   | 28  |   |                             | Trust Fund Contribution   |                             | Added to             | o Fees                              |
| Zip  | Country   | Zip   | Country   |                             | 8. This corporation owes the curr   | -                           |                      | _                                   |
| 24   | 25  |   | 30  |                             | Personal Property Tax.  |                             | <del>. `</del>       | □No                                 |
|  | 9. Name and Address of Curre  | nt Registered Agent   | 81 N  |                             | 10. Name and Address of New F   | Registered /                | gent                 |                                     |
| ucc  | DNED DETED D  |   | 61   14   | lame                        |   |                             |                      |                                     |
|  | BNER, PETER B.<br>NORTH HALIFAX AVENUE  |   | <b>82</b> S   | treet Addre                 | ss (P.O. Box Number is Not Accepta  | ible)                       |                      |                                     |
|  | TONA FL 32018   |   | 83  |                             |   |                             |                      |                                     |
|  |   |   | 84 C  | City                        |   |                             | 85 Zip C             | Code                                |
|  |   |   |   | Ť                           |   | <u> </u>                    | ⊣ ¦ 3⊋               | L118                                |
| office or i  | to the provisions of Sections 607.05 registered agent, or both, in the State  | e of Florida. Such change was at  | thorized by the   | amed corpo<br>corporation   | ration submits this statement for the<br>n's board of directors. I hereby accep | purpose of on<br>the appoin | tment as req         | registered<br>gistered              |
| agent. i a   | ani tamiliar with, and accept the oblig-  | ations of, Section 607.0505, Flor   | ida Statutes.   |                             |   |                             |                      |                                     |
| •  |   |   | ida Statutes.   | _                           |   |                             |                      |                                     |
| SIGNATURE  | Signature, typed or printed name of registered ago  | ent and title if applicable. (NOTE:   | Registered Agent sign   | nature required             |   | DATE                        |                      |                                     |
| SIGNATURE  | Signature, typed or printed name of registered age OFFICERS A   | ent and title if applicable. (NOTE:   | Registered Agent sign   | nature required             | when reinstating) ADDITIONS/CHANGES TO OF                                       |                             |                      |                                     |
| SIGNATURE  12.  TITLE  | Signature, typed or printed name of registered age OFFICERS A   | ent and title if applicable. (NOTE:   | Registered Agent sign 13. 1.1 TITLE   | nature required             |   |                             | D DIRECTO            | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS AI PD BOSSETT, CHRISTIAN  | ent and title if applicable. (NOTE:   | Registered Agent sign 13. 1.1 TITLE 1.2 NAME  |                             |   |                             |                      |                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AI PD BOSSETT, CHRISTIAN 308 OLD COUNTRY RD   | ent and title if applicable. (NOTE:   | 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADD   | DRESS                       |   |                             |                      |                                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS A  PD BOSSETT, CHRISTIAN 308 OLD COUNTRY RD EDGEWATER FL  | ent and title if applicable. (NOTE: ND DIRECTORS                                  | Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIF   | DRESS                       |   |                             | Change               | ☐ Addition                          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | Signature, typed or printed name of registered age OFFICERS A  PD BOSSETT, CHRISTIAN 308 OLD COUNTRY RD EDGEWATER FL TS   | ent and title if applicable. (NOTE:   | Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIF 2.1 TITLE   | DRESS                       |   |                             |                      |                                     |
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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.

6.3 STREET AODRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZiP

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90091 049 \*\*\*158.75