## 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** 

## DOCUMENT # 303591

LEN HAZEN, PAINTERS, INC.

Principal Place of Business		Mailing Address				"	- I INDICEN CIVIL DESIGN SCORE BILLO COLOR STATE GENEL ALBU ACARE ATAIL ACARE	₩1 <b>#</b> 11 1# <b>#</b> 1	
10730 SW HAY	AVE	1073	O SW HAY AVE						
FT. OGDEN FL 34267			FT. OGDEN FL 34267				DO NOT WRITE IN THIS SPACE		
us us						3. Date Incorporated or Qualifed			
							04/04/1966	}	
2 Principal P	Place of Business	2a.	Mailing Address				4. FEI Number Applie	d For	
21	lace of Business	26					59-1147184 Not A	pplicable	
Suite, Apt. #, etc.		120,	Suite, Apt. #, etc.				_ \$8.75 Add	itional	
22		27	27				5. Certifcate of Status Desired	red	
City & State			City & State				6. Election Campaign Financing \$5.00 Ma	y Be	
23		28					Trust Fund Contribution Added to F	ees	
Zip	Country		Zip	Cour	ntry		This corporation owes the current year Intangible	}	
24	25	29		30			1 drooman toporty ran	No	
	9. Name and Address of Curr	ent Regist	ered Agent		1		10. Name and Address of New Registered Agent		
				Ì	81	Name		i	
	EN, LEONARD M.			ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	30 SW HAY AVE						· · · · · · · · · · · · · · · · · · ·		
FT. (	OGDEN FL 34267				83			1	
					84	City	FL 85 Zip Coo	le	
							:	riotorod	
11. Pursuant	to the provisions of Sections 607.0	502 and 60 te of Florid	)7.1508, Florida Statut a. Such chanoe was a	es, the at uthorized	ove bv 1	e-named corporation	oration submits this statement for the purpose of changing its re- in's board of directors. I hereby accept the appointment as regis	tered	
agent. I a	am familiar with, and accept the obli	gations of,	Section 607.0505, Flo	rida Statu	ites.				
SIGNATURE							when reinstating) DATE		
	Signature, typed or printed name of registered a			Registered .	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
12.	OFFICERS :	AND DIKE	DELETE	1.1 TIT				Addition	
TITLE	PSTD			1.2 NA			2 ,	_ }	
NAME	HAZEN, LEONARD M.					**************************************			
STREET ADDRESS				1		ADDRESS		Į	
CITY-ST-ZIP	FT. OGDEN FL 34267			1.4 CITY-ST-ZIP		☐ Change	Addition		
TITLE			2.1 TILE 2.2 NAME			<del></del>	_		
NAME	HAZEN, ELIDA M.					-			
STREET ADDRESS						ADDRESS		1	
CITY-ST-ZIP	FT. OGDEN FL 34267		☐ DELETE	2.4 CI		1-ZIP	Change	Addition	
TITLE			Decere	3.1 TIT 3.2 NA				_	
NAME.	}					. ADDOCCC		{	
STREET ADDRESS				3.3 51	KEE	ADDRESS			
CITY-ST-ZIP				2.4.00					
. TITLE		<del></del>	□ DELETE	3.4. CI		T-ZIP	☐ Chanoe	Addition	
NAME	1		☐ DELETE	4,1 TIT	LE	T-ZIP	☐ Change	Addition	
STREET ADDRESS			☐ DELETE	4,1 TIT 4,2 N/	LE VME		☐ Change	☐ Addition	
			☐ DELETE	4,1 TIT 4, 2 N/ 4,3 ST	LE ME REET	ADDRESS	☐ Change	Addition	
CITY-ST-ZIP				4.1 TIT 4. 2 N/ 4.3 ST 4.4 Cf	LE ME REET TY-ST	ADDRESS			
TITLE			☐ DELETE	4.1 TIT 4. 2 N/ 4.3 ST 4.4 Cf 5.1 TIT	LE WME REET TY-ST	ADDRESS	☐ Change	Addition	
TITLE NAME				4.1 TIT 4.2 N/ 4.3 STI 4.4 CRI 5.1 TIT 5.2 NA	LE REET TY-ST TLE	ADDRESS 1-ZIP			
TITLE  NAME  STREET ADDRESS				4.1 TIT 4. 2 NA 4.3 STI 4.4 CR 5.1 TIT 5.2 NA 5.3 ST	LE  WE  REET  Y-ST  LE  WE  REET	ADDRESS 1-ZIP			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ DELETE	4.1 TIT 4.2 No 4.3 STI 4.4 CRI 5.1 TIT 5.2 NA 5.3 STI 5.4 CRI	LE REET TY-ST LE IME REET TY-ST	ADDRESS 1-ZIP	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE				4.1 TIT 4.2 NA 4.3 STI 4.4 CRI 5.1 TIT 5.2 NA 5.3 STI 5.4 CRI 6.1 TRI	LE REET TY-ST LE REET TY-ST	ADDRESS 1-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TIT 4.2 N/4 4.3 ST 4.4 Cff 5.1 TIT 5.2 NA 5.3 ST 5.4 Cff 6.1 TIT 6.2 NA	LE  AME  REET  TY-ST  LE  REET  TY-ST  LE  TY-ST  TLE  ME	ADDRESS 1-ZIP	☐ Change	Addition	

SIGNATURE:

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 reports true and adording 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 receives of made under oath; that I am an officer or director of the corporation or the receives of made under oath; that I am an officer or director of the corporation of the receives of made under oath; that I am an officer or director of the corporation of the corp MAR 0 2 1999

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90052 050 \*\*\*150.00