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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 334568

(3)

HOYT OZBIRN PAINT CONTRACTOR, INC.

May 13 1998 8:00am Secretary of State

FILED

		7.11.11								
Principal Place of Business			Mailing Ad	Mailing Address					II VIVII 01011 E	1811 81911 1881
1105 BEACHVIEW DRIVE				1105 BEACHVIEW DRIVE						
FT WALTON BCH FL 32547-2810			FT WALTO	FT WALTON BOH FL 32547-2810						
								DO NOT WRITE IN THIS	SPACE	
								3. Date Incorporated or Qualified 09/05/1968		
L ",	Place of Busin	ness	2a. Mailing	Address				4. FEI Number		Applied For
21 Suite And # Ale			26					59-1223650		Not Applicable
Suite, Apt. W. etc.			Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22			27	·-				Tr commedia en chance pecinica	Fee	Required
City & State			City & S	City & State				6. Election Campaign Financing		O May Be
23			28		т -			Trust Fund Contribution	Adde	d to Fees
Zip		Country	Zφ			ıntry		8. This corporation owes or has paid the c		
24		25	29		30	····		Personal Property Tax due June 30.	Yes Yes	∐ No
		and Address of Curre	ent Registered Aç	jent		81		10. Name and Address of New Registered	I Agent	
	ZBIRN,HOYT					"	Name			1
1105 BEACHVIEW DRIVE FT WALTON BEACH FL 32548				82 Street Add			Street Addr	ess (P.O. Box Number is Not Acceptable)		
l ti	WALION B	SEACH FL 32548								
•						83				
						84	City		85 Zi	o Code
								Fi	_	
11. Pursuant	to the provisi	ions of Sections 607.05	502 and 607.1508,	Florida Statu	tes, the a	bove	-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing	its registered
agent. I a	am fa miliar wi	th, and accept the obli	igations of, Section	60 7.0505 , Fl	lorida Stal	o by lutes	ine corporad i.	ion's board or directors, i hereby accept the ap	pointinear s	as registered
SIGNATURE										
GIGHATORE		or printed name of registered a	igent and title if applicable	r (NO	11 : Registere	d Aga	nt signature require	ed whon reinstating) DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	HOVE D		DELETE	1.1 TI	TLE			☐ Change	Addition
NAME	OZBIRN,				1.2 N	AME				
STREET ADDRESS		ACHVIEW DRIVE			1.3 \$1	TREET	ADDRESS			li
CITY-ST-ZIP	1	TON BEACH FL	·		1.4 CI	TY-S	I - ZIP			
TITLE	π			DELETE	2 1 TI	TLE			Change	Addition
NAME		JEANETTE			2.2 N/	AME				
STREET ADDRESS		ACHVIEW DRIVE			2.3 S1	TBEET	address			
CITY-ST-ZIP	FT WAL	TON BEACH FL			2.4 C	ITY-S	T-ZIP			
TITLE				DELETE	3.1 10	TLE.			Change	Addition
NAME					3.2 N	AME				
STREET ADDRESS					3.3 S1	REET	ADDRESS			į
CITY-ST-ZIP	L				3.4. C	ITY-S	1- ZIP			
TITLE				DELETE	4.1 T(TLE			Change	Addition
NAME					4.2 N	AME				ļ
STREET ADDRESS					4.3 ST	REET.	ADDRESS			j
CITY-ST-ZIP					4.4 CI	TY-\$1	r- ZIP			
TITLE				DELETE	5.1 TI	1.5				Addition
	Ī					ILE			Change	
NAME					5 2 N		ŀ	, , , , , , , , , , , , , , , , , , ,	L Change	
NAME Street address					5.2 N/	\ME	ADDRESS	V 10 - V - V - V - V - V - V - V - V - V -	Change	
					5.2 N/	NME REET		The Profit Control of the Control of	∟_ Change	7,00,00
STREET ADDRESS				DELETE	5.2 N/ 5.3 ST	NME REET . TY - ST			Change	
STREET ADDRESS CITY-ST-ZIP				DELETE	5.2 N/ 5.3 ST 5.4 CI	ME REET . TY - ST				
STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	5.2 NA 5.3 ST 5.4 CI 6.1 TP 6.2 NA	ame Treet : Ty - St Tle ame				

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 to ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change it, or on in attachyment faith an address.

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(850) 862-7449