Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90132 020 ***158.75

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 # 457202

 Corporation 	n Name				1				
KOWAL	PAINTING, INC.							1811 A(B)(A)(A)	
Principal Place	e of Rusiness	Mailing Address				F (00 7)) 3 (40) 4(4))	FILM HAN MINNEL A	ibil dibil dibil	
3981 SAWYER			ļ						
3981 SAWYER ROAD SARASOTA FL 34233 SARASOTA FL 34233									
US US				DO NOT WRITE IN TH			TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 07/19/1974			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		An	plied For
21		26				a		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				*/	\$8.75	Additional	
22						5. Certificate of Status Desired	X	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			ļ	Trust Fund Contribution	Ш	Added t	to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the curr	ent year Int		ا يب
25 29			30			Personal Property Tax.		Yes	X(No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New F	cegisterea.	Agent	
1 11/11	NGSTON, CHARLES H.		01	Name	•				
46 N. WASHINGTON BLVD.			82	Street	t Addres	dress (P.O. Box Number is Not Acceptable)			_
SUITE 1			83						
SARASTOA FL 34236			0.5	']					<u>.</u>
Oran orange of the orange of t			84	City	City FL 85 Zip			Code	
11 5	to the provisions of Sections 607.0502	and CO7 4509. Florida Statut	las the abou	o named	1 comor	tion cubmits this statement for the		changing its	registered
- office or r	enistered agent, or both, in the State of	i Fiorida. Such chance was a	iutnonzea bi	tne corp	poration's	s board of directors. I hereby accep	ot the appoi	ntment as re	gistered
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, mic	Miga Statute:	s.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Age	nt signature	required wi	nen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	"-		1.1 TITLE		·		☐ Change	☐ Addition
NAME	KOWAL, RONALD J.								-
STREET ADDRESS	3624 S LOCKWOOD RIDGE RD		1.3 STREE	TADDRESS	3				
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-5	ST-ZIP					
TITLE	SD			2.1 TITLE				☐ Change	☐ Addition
NAME	KOWAL, JACQUELINE		2.2 NAME	2.2 NAME					
STREET ADDRESS	3624 S LOCKWOOD RIDGE RD	2.3 S		2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34239			2.4 CITY-ST-ZIP					Addition
TITLE	.,		3.1 TITLE					Change	☐ Addision
NAME			3.2 NAME		ļ				
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34239	☐ DELETE	3.4. CITY-	ST-ZIP				☐ Change	Addition
TITLE		Ŭ nere ie	4.1 TITLE		VP			change	A 1.001.011
NAME			4. 2 NAME			OBERTI, MICHAEL			İ
STREET ADDRESS				TADORESS		40 PERIWINKLE I			
CITY-ST-ZIP			5.1 TITLE	51-ZIY	+ 06	ENICE FL 34293	•	☐ Change	☐ Addition
TITLE		ے عمد اد	5.2 NAME						- '
NAME				T ADDRESS	3				ļ
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-					•	
TITLE		☐ DELETE	6.1 TITLE		 			Change	☐ Addition
NAME		- -	6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	T ADDRESS	\$				1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-922-0006