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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT** #

459660

(7)

C & W PAINTING CONTRACTORS, INC.  Principal Place of Business Mailing Address  Mailing Address							
JACKBONVILL		9058 KENTISH COURT JACKSONVILLE FL 3229	57-5209				1
•					3. Date Incorporated or Qualified	3a. Date of Las	st Report
					08/15/1974 02/16/199		6
<b>–</b>	Principal Place of Business 2a. Mailing Address						Applied For
		Suite, Apt. #, etc.	uite, Apt. #, etc.		59-1549354		Not Applicable  5 Additional
2		27		5. Certificate of Status Desired	1 1 7	Required	
Olty & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
3		28			Trust Fund Contribution		ed to Fees
Zip 4	Country	Zip <b>29</b>	Countr 30	У	8. This corporation has liability for Florida Statutes	intangible tax unde Yes  No	or s. 199.032,
31	9. Name and Address of Curre		[30]		10. Name and Address of New R		
KATZ JR., HARRY			8	1 Name	,		
337 E FORSYTH ST JACKSONVILLE FL		82 Sire		ļ	dress (P.O. Box Number is Not Accepta	ble)	
		•	84			FL   85   2	Zip Code
SIGNATURE	Signature, typed or printed name of registered a				ation's board of directors. I hereby acce	DATE	
12.	T	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
title Name	PD ATTOUR	DELETE 1.17 1.2N				☐ Chan	ge LJ Addition
STREET ADDRESS	GECERE, STEPHEN 9058 KENTISH COURT			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			ST - ZIP			
TITLE	VD	☐ DELETE 2.1 T				Chan	ge Addition
NAME	CECERE, SHEILA	P.2 N					
STREET ADDRESS	9058 KENTISH COURT			ET ADDRESS			
CITY-\$T-ZIP Title	JACKSONVILLE FL	DELETE 3.1		-S1-ZIP		. Chan	ge Addition
NAME	AUGUST, JOHN	3.2 N				•	
STREET ADDRESS	14019 BEACH BLVD.	8.3		ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL.			- ST- ZIP			no Augus
TITLE NAME		רין טבננו <del>ג</del>	4.1 TITLE 4. 2 NAM	ĺ		☐ Chan	ge L Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	·	4.4		-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Chan	ge 🔲 Addition
NAME			5 2 NAME	f			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		5.4 CHY- 6.1 TITLE			Chan	ge Addition
NAME			G.2 NAME			Jiiaii	
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY . CT . 7ID	1		CACITY	er am			

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 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.

NOMATURE

SIGNATEDIRALINA

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**FILED** 

May 13 1997 8:00am

Secretary of State