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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

MODER	IN DECOHATING COMPA	NY OF TAMPA, INC.				
Principal Place of Business Mailing Address				_		J 1885)) DANY (DANY DANDA NINDR 1110) IDIN BIBIN DIBIN DIBIN BIBIN DIBIN BIBIN DIBIN ANDIN ANDIN
3414 BAY-TO-BAY BLVD. 3414 BAY-TO-BAY BLVD. TAMPA FL 33629 TAMPA FL 33629			VD.			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal D	and Charleson	A. Mailina Addraga				02/18/1975
2. Principal P	ace of Business		2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.	Suite Ant # etc			59-1575102 Not Applicable \$8.75 Additional
22	n, 6to.	27				5. Certificate of Status Desired Fee Required
City & State	3	City & State				B. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip				8. This corporation owes or has paid the current year Intangible
24	25	29	30	-		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curr					10. Name and Address of New Registered Agent
HE	NRY, LEONARD T.			81	Name	
	4 BAY-TO-BAY BLVD.			82	Ctroot Ada	ldress (P.O. Box Number is Not Acceptable)
	APA FL			02	Street Add	difess (P.O. Box Number is Not Acceptable)
1740	W FL V L			83		
				-	0':	
. •				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida					named cor the corpora	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
•	Transition of the second control of the	ingalions of bookon borroods	, nonda bidi	4.00	•	
SIGNATURE	Signature, typed of printed name of registered a	agent and title if applicable.	(NOTE: Registered	i Ager	nt signature requ	quired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 78	LE		☐ Change ☐ Addition
NAME	HENRY, LEONARD T		1.2 NA	ME		
STREET ADDRESS	5 015 LONGFELLOW AVE		1.3 ST	REET	address	
CITY-ST-ZIP	TAMPA, FL 00000		1.4 01	1.4 CITY-ST-ZIP		
TITLE	VD DELETE		2.1 111	2.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, J W		2.2 NAME			·
STREET ADDRESS	715 ROOKMERE RD		2.3 ST	AEET A	address	
City-St-ZIP	TAMPA, FL 00000		2.40	TY-S	iT-ZIP	
TITLE	\$T	DELETE	3.1 177	LE		☐ Change ☐ Addition
NAME	HENRY, LAURA C.		3.2 NA	ME	j	
STREET ADDRESS	5 015 LONGFELLOW AVE.		3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4. CI	_	T-ZIP	
TITLE		☐ DELETE	4.1 TiT			Change Addition
NAME			4. 2 N	AME	ł	
STREET ADDRESS			4.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			4.4 CI		I - ZIP	
TOTLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CI		- ZIP	
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	ſ
CITY-ST-ZIP			6.4 CIT	Y-ST	r-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 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 attagment with an address.

1-16-98 812-829-116

FILED

Feb 23 1998 8:00am

Secretary of State