

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 # **645947**

1. Corporation Name

CRYSTAL PAINTING & DECORATING, INC.

Principal Place of Business

**601 CUTLER SPUR
CRYSTAL RIVER FL 34429
US**

Mailing Address

**601 CUTLER SPUR
CRYSTAL RIVER FL 34429
US**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90104 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1979

4. FEI Number

59-1950557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ECCHER, JOSEPH
601 CUTLER SPUR
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name

Thomas John Iwaniec

82 Street Address (P.O. Box Number is Not Acceptable)

601 SE Cutler Spur Blvd.

83

84 City

Crystal River,

FL

85 Zip Code

34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Thomas J. Iwaniec

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ECCHER, JANET K	
STREET ADDRESS	601 CUTLER SPUR	
CITY-ST-ZIP	CRYSTAL RVR, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ECCHER, JOSEPH	
STREET ADDRESS	601 CUTLER SPUR	
CITY-ST-ZIP	CRYSTAL RVR, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	IWANIEC, THOMAS	
STREET ADDRESS	1475 SOUTH CANLENU AV.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, PAMELA	
STREET ADDRESS	6949 W. BUCKBERRY CT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Iwaniec, Thomas John	
1.3 STREET ADDRESS	9051 N. Kathleen Terrace	
1.4 CITY-ST-ZIP	Dunnellon, FL. 34433	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, Pamela Jean	
2.3 STREET ADDRESS	3540 W. Cogwood Circle	
2.4 CITY-ST-ZIP	Beverly Hills, FL. 34465	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE:

Thomas J. Iwaniec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas John Iwaniec 1-14-99

Date

Daytime Phone #

CR2E034 (11/98)