

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

FILED

Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90024 004 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680714

1. Corporation Name

RESORTS INTERNATIONAL PAINTING CONTRACTORS, INC.

Principal Place of Business

C/O ROBERT K. BOOKHAMMER, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33031-1509

Mailing Address

C/O ROBERT K. BOOKHAMMER, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33031-1509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1980

4. FEI Number

59-2082112

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BOOKHAMMER, ROBERT, JR.
25401 S.W. 217TH AVENUE
HOMESTEAD FL 33030

81 Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
82 Street Address (P.O. Box Number is Not Acceptable)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
83 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
84 City XXXXXXXXXXXXXXXXXXXXXXX FL 85 Zip Code
XXXXXXX

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME BOOKHAMMER, ROBERT, JR.
STREET ADDRESS 25401 S.W.217TH AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE VPT ☐ DELETE

NAME BOOKHAMMER, FRANCES E.
STREET ADDRESS 25401 S.W.217TH AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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: Frances E. Bookhammer V.P.

1-25-99

Date

Daytime Phone #

CR2E034 (11/98)