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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F32019

(4)

1. Corporation Name

DYLARR PAINTING, INC.

Principal Place of Business

5428 LAURELWOOD PLACE  
% MAX W DEGENER  
SARASOTA FL 34232-5645

Mailing Address

5428 LAURELWOOD PLACE  
% MAX W DEGENER  
SARASOTA FL 34232-5645

3. Date Incorporated or Qualified

04/23/1981

3a. Date of Last Report

02/06/1996

4. FEI Number

59-2050986

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4223 Bowling Green Circle  
Suite Apt #, etc.

26 4223 Bowling Green Cir  
Suite, Apt #, etc.

22 City & State

23 Sarasota, Florida

24 34233 25 U.S.

27 City & State

28 Sarasota, Florida

29 34233 30 U.S.

9. Name and Address of Current Registered Agent

DEGENER, MAX W  
5428 LAURELWOOD PLACE  
SARASOTA FL 33580

10. Name and Address of New Registered Agent

81 Name MAX W. Degener  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4223 Bowling Green Circle  
84 City SARASOTA, FL 85 Zip Code 34233

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 DP  
NAME DEGENER, MAX W  
STREET ADDRESS 5428 LAURELWOOD PLACE  
CITY-ST-ZIP SARASOTA, FL 00000 ☐ DELETE

TITLE S  
NAME DEGENER, MAUREEN  
STREET ADDRESS 5428 LAURELWOOD PLACE  
CITY-ST-ZIP SARASOTA, FL 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME MAX W. Degener ☒ Change ☐ Addition  
1.3 STREET ADDRESS 4223 Bowling Green Circle  
1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE S  
2.2 NAME MAUREEN Degener ☒ Change ☐ Addition  
2.3 STREET ADDRESS 4223 Bowling Green Circle  
2.4 CITY-ST-ZIP SARASOTA, FL 34233

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: Max W. Degener 1/14/97 941-371-6820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)