

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90214 010 ***158.75

DOCUMENT # F60221

1. Corporation Name
SERVICE PAINTING OF FLORIDA, INC.

Principal Place of Business
**93B MILDRED DR.
FT MYERS FL 33901-9032**

Mailing Address
**93B MILDRED DR.
FT MYERS FL 33901-9032**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1981

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2211713

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONROE, THOMAS R
93-B MILDRED DRIVE
FT MYERS FL 33901**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **DUVENECK, MARY E**
STREET ADDRESS **93-B MILDRED DR.**
CITY-ST-ZIP **FT MYERS, FL 00000**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Smith, Molly E.**
1.3 STREET ADDRESS **93-B Mildred Drive**
1.4 CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE **PTD** ☐ DELETE
NAME **MONROE, THOMAS R**
STREET ADDRESS **93-B MILDRED DR.**
CITY-ST-ZIP **FT MYERS, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **DUVENECK, RICHARD M.**
STREET ADDRESS **93-B MILDRED DR.**
CITY-ST-ZIP **FT MYERS, FL 00000**

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

TITLE **V** ☐ DELETE
NAME **JOHNSON, GARY L**
STREET ADDRESS **93-B MILDRED DRIE**
CITY-ST-ZIP **FT. MYERS FL**

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

TITLE **S** ☐ DELETE
NAME **HOPKINS, LUNDA D**
STREET ADDRESS **93B MILDRED DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

5.1 TITLE **VS** ☒ Change ☐ Addition
5.2 NAME **Hopkins, Linda D**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **WESTRICK, JEFFREY R**
STREET ADDRESS **93-B MILDRED DR**
CITY-ST-ZIP **FT MYERS FL**

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:

Linda D. Hopkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda D. Hopkins
VICE-President

4/12/99
Date

(941) 939.7622
Daytime Phone #

CR2034 (11/98)