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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State' DIVISION OF CORPORATIONS

1997

POCUMENT # G07436

(0)

SUNSHINE BRIGHT PAINTING & WATERPROOFING COMPANY

## **FILED** Jun 16 1997 8:00am Secretary of State



Principal Place of Business		Mailing Addr	ess			( 100%)   00%   00%   00%   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000   0000			
6853 LEELAND ST., ST. PETERSBURG F		5853 LEELANI ST. PETERSBI	) ST., 8. JRG FL 33715-11	633					
•						3. Date Incorporated or Qualified 11/05/1982	3a. Date 06/03		Roport
2. Principal Place	of Business	2a. Mailing A	ddress.			4. FEI Number	<del></del>	A	pplied For
21		26			<b>59-2223940</b> Not Applicable				
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			Certificate of Status Desired			Additional Required
City & State		City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in	ntangible ta	x under	s. 199.032.
24	25	29	30	5]		Florida Statutes	Yes 🗌	No	
	), Name and Address of Curre	nt Registered Age	nl			10. Name and Address of New Reg	istered Ag	ent	
MARGE	r, Bruce, ESQ.			81	Name				
	A REDERAL BUILDING			82	Street Ade	fress (P.O. Box Number is Not Acceptab	0)		
	VITRAL AVE, SUITE 1500				Silect Address (1.0. box Number is Not Acceptable)				
	ERSBURG FL 33701			83				****	
				84	City			0E 7:-	0-4-
				04	City		FL	<b>85</b> Zip	Code
11. Pursuant to the office or regis	ne provisions of Sections 607.05 stered agent, or both, in the Stat	02 and 607.1508, F e of Florida, Such c	lorida Statutes, hange was auti	the above	e-named cor the corpora	poration submits this statement for the partion's board of directors. I hereby accep	rpose of c	hanging htment a:	its registered s registered
SIGNATURE									
12.	ature, typed or printed name of registered as	DODIRECTORS	(NOIL: B	agistered Age	ent signature requ	alred when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE	VIDECTO	DC IN 12
TITLE SI			DELFTE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
	ONSOLI, MARY	<b>L</b>	JOLICIE					T culturate	L YOURGON
	153 LEELAND ST., S.			1.2 NAME	1000000				
	r. PETERSBURG FL			1.3 STREET					
CITY-ST-ZIP 81			DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP			Change	Addition
	Onsoli, Robert P.	<b>L</b>	יו מינינינ					J bliatige	☐ Xuanun
	153 LEELAND ST., S.			2.2 NAME	1001100				
1 44	i. PETERSBURG FL			2.3 STREET					
CITY-ST-ZIP 51	i. FEIENODONG TE	т.	DELETÉ	2. 4 CITY - 5 3.1 TITLE	S1 - ZIP			Change	Addition
NAME	•	L-	, »	3.1 THE			-	_ onange	
					*DODGGG				
STREET ADDRESS				3.3 \$1REE1					
CITY-ST-ZIP TITLE		<del>-</del>	DELETE	3.4. CITY - 5 4.1 HILE	21-ZIP		Г	Change	Addition
NAME		_		4.1 HILE				, change	raddinoil
STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDRESS				
CITY-SY-ZIP				4.4 CITY - S					
TITLE			DELETE	5.1 THE	1-411		Г	Change	Addition
NAME				5.2 NAME			_		
STREET ADDRESS				5.3 STREET	ADDRESS				
. 1									
CITY-ST-ZIP	<del></del>		DELETE	5.4 CITY - S 6.1 TITLE	1-211		г	Change	Addition
	7.1	L	JULICE					a viiaiiye	□ Vogitioit
				6.2 NAME	ADDRECC				ļ
3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	• * . •			6.3 STREET	1				
CITY-ST-ZIP				6.4 CITY - S	1-7IP	dis Continue 440 07(0)(1) Figure 2: 0: 1:			

information indicated on this angust 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 color poration 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.