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 # G51002

1. Corporation Name

JOHN S	TANKO PAINTING, INC.								
Principal Plac	e of Business	Mailing Address	***		····		EIGH BING BING	01011 A1211)001	
13517 E SHAWNEE TRAIL 13517 E SHAWNEE			TRAIL						
INVERNESS FL 34450 INVERNESS FL 3									
US US						DO NOT WRITE IN THI	S SPACE		,
						3. Date Incorporated or Qualifed			
						07/22/1983			
2. Principal F	lace of Business	2a. Mailing Address	- re			4. FEI Number	Ar	plied For	ł
21		26				59-2333675		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Fee Re	Additional equired	ĺ
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added	to Fees	l
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year In	ntangible		l
24	25	29	30			Personal Property Tax.	☐ Yes	□No	l
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	d Agent		1
				81	Name				ı
	vbill, denise		•	82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>		ĺ
135	17 E SHAWNEE TR.			02	Sireet Addit	ess (F.O. Box Number is Not Acceptable)			
INVI	ERNESS FL 32650			83	,		.		
							TT	3	ı
				84	City	F1	85 Zip	Code	
agent. I s	am familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Stat	utes.		in's board of directors. I hereby accept the app			آ
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	٤
TITLE	DP DELETE			TLE			☐ Change	☐ Addition	1
NAME	STANKO, JOHN			1.2 NAME					1 3
STREET ADDRESS	ACCAR E CHAUMIEE TOAR		1.3 S	TREET	ADDRESS			ì	L L
CITY-ST-ZIP	INVERNESS, FL 00000		1.4 C	πγ₊sτ-	.ZiP				_ō
TITLE	- Fine Etc.			TLE			Change	☐ Addition	۱۲
NAME	1		2.2 N	AME				l	ı
STREET ADDRESS			235	TREET	ADDRESS				
	1			TY-ST	l				
CITY-ST-ZIP TITLE		☐ DELETE					☐ Change	☐ Addition	ĺ
NAME		_	3.2 N						
	,				ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE		ITY-ST	-21		Change	Addition	ĺ
				IAME				_	
NAME			- 6		ADDRESS				
STREET ADDRESS	5								
CITY-ST-ZIP		☐ DELETE		ITY-ST-	-217		Change	Addition	
TITLE			5.1 Ti 5.2 N		Į		Gridinge		ĺ
NAME	-				ADDRESS				ĺ
STREET ADDRESS					ł				
CITY-ST-ZIP		DELETE		ITY-ST-	ZIF		☐ Change	Addition	
TITI #									

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 chapted, and that my name appears in the receiver of the corporation 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 chapted, and the receiver of the corporation of the corpora

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90213 023 ***150.00