

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90238 029 ***150.00

DOCUMENT # H51775

1. Corporation Name
IMPERIAL PAINTING, INC.

Principal Place of Business
240 HEDGEWOOD AVE.
P O BOX 427
OSTEEN FL 32764

Mailing Address
240 HEDGEWOOD AVE.
P O BOX 427
OSTEEN FL 32764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1985

4. FEI Number

59-2522940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 240 Hedgewood Ave

26 P.O. Box 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELTONA FL

28 OSTEEN FL

24 Zip Country

29 Zip Country

32738 USA

32764 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIZZA, FRANK A., JR.
240 HEDGEWOOD AVE.
OSTEEN FL 32764

81 Name

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

83 240 Hedgewood Ave

84 City

DELTONA FL

85 Zip Code

32738

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 PD ☐ DELETE
NAME PIZZA, FRANK A., JR.
STREET ADDRESS 240 HEDGEWOOD AVENUE
CITY-ST-ZIP DELTONA FL 32738

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME BILLINGS, GERRY
STREET ADDRESS 1122 E. HANCOCK DRIVE
CITY-ST-ZIP DELTONA FL

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

TITLE ST ☐ DELETE
NAME PIZZA, BONNIE
STREET ADDRESS 240 HEDGEWOOD AVENUE
CITY-ST-ZIP DELTONA FL 32738

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

TITLE V ☐ DELETE
NAME WOODS, JAMESON
STREET ADDRESS 1819 TRUMBLE AVENUE
CITY-ST-ZIP DELTONA FL 32725

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: BONNIE PIZZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 322 4334
407-4741683

CR2E034 (1/98)

0087160