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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75063

TED KLINGER CEILINGS & COMMERCIAL REMODELING, IN

Principal Place	e of Business	Mailing Address				N.					
1285 LINCOLN AVENUE			1285 LINCOLN AVENUE								
CLEARWATER FL 33756			CLEARWATER FL 33756					DO NO	T WRITE IN THE	S SDACE	
US			US				2 1	Date Incorporated or Qu		3 3FACE	
								09/10/1985	dallicu		
2. Oringinal Di	lace of Business		2a. Mailing Addres	<u> </u>				FEI Number			Applied For
	S. GRBENI	JOON AUTS	_		وبها بعظ	doc	1	59-2576550			Not Applicable
21 433 Suite, Apt.		0000 140	Suite, Apt. #, e	_						- \$8.7	5 Additional
22	#, G.C.		27				5. (Certifcate of Status Des	sired 🗌	+	Required
City & State	e	-	City & State				6.	Election Campaign Fina	ancing _	\$5.0	00 May Be
	RWATER, FL		28 C CEARLU	uater	FC.	•		Trust Fund Contribution		•	ed to Fees
Zip	Country		Zip		Country		8.	This corporation owes t	he current year li	ntangjble	
24 33 75	25 PIN	ellas	29 33756	30	PINI	ELLY!		Personal Property Tax.		Yes	□No
,	9. Name and Addres	s of Current F	Registered Agent				10.	Name and Address of	New Registered	d Agent	
					81	Name					
	NS, GARY W.				82	Street A	Address (P.	O. Box Number is Not	Acceptable)	-	
311 SOUTH MISSOURI AVENUE				102			, , , , , , , , , , , , , , , , , , ,		,		
CLEA	ARWATER FL				83						
					84	City				85 Z	ip Code
					64	City			FI	L °° ′	.ip 0000
11. Pursuant i	to the provisions of Section	ons 607.0502 a	and 607.1508, Florida	Statutes, th	he above	-named o	corporation	submits this statement	for the purpose of	of changing	its registered
office or re	to the provisions of Sections of Sections of Sections of Both, in familiar with, and acceptances.	in the State of	Florida, Such change ns of Section 607.05	was author 25. Florida S	rized by t Statutes.	the corpo	ration's boa	ard of directors. I hereb	y accept the app	ointment as	s registered
	in tarring with, and dood	pr and obligation		,				-			•
SIGNATURE											
	Signature, typed or printed name of	of registered agent a	nd title if applicable	(NOTE: Regis	stered Agent	t signature re	quired when rei	instating)	DATE		
12.		of registered agent at FICERS AND	DIRECTORS	Ľ	stered Agent	t signature re	A	DDITIONS/CHANGES			
l	OF PD	FICERS AND		Ì		t signature re	Do oc	DDITIONS/CHANGES	TO OFFICERS A	☐ Chan	
12.	OF	FICERS AND	DIRECTORS	ETE	13.	t signature re	Poes	DDITIONS/CHANGES	TO OFFICERS A	☐ Chan	
12. TITLE	PD KLINGER, THEODOR 1285 LINCOLN AVEN	FICERS AND	DIRECTORS	ETE	13. 1.1 TITLE		Poes	DDITIONS/CHANGES (DENT. DONE VELN S. CREEN	TO OFFICERS A	☐ Chan	
12. TITLE NAME	PD KLINGER, THEODOR	FICERS AND	DIRECTORS	ETE .	13. 1.1 TITLE 1.2 NAME	ADDRESS	Personal Per	DDITIONS/CHANGES ODONE VERN SEREN ARMYER FE	TO OFFICERS A TOWN KLINE WOOD AM K. 3371	Chan	ge Addition
12. TITLE NAME STREET ADDRESS	PD KLINGER, THEODOR 1285 LINCOLN AVEN	FICERS AND	DIRECTORS	ETE .	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	PRESENTE INSTERNATION OF THE PROPERTY OF THE P	DDITIONS/CHANGES (DENT) CDONE VELN S SIRE EN ARMATER F HROSIDEN	TO OFFICERS A YOU KLIVE WOOD AV Y. 3375	☐ Chan	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINGER, THEODOR 1285 LINCOLN AVEN CLEARWATER FL	RE VERNON NUE	DIRECTORS	ETE .	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	PORCE 1452 CLE VICE MARY	DDITIONS/CHANGES SIDENT, ODONE VERN SIGNED ARMYER F 1295 DEN ORRER KI	TO OFFICERS A TO WOOD A WOOD A W. 3371	Chan	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD KLINGER, THEODOR 1285 LINCOLN AVEN CLEARWATER FL V KLINGER, MARY GR 1285 LINCOLN AVEN	RE VERNON NUE	DIRECTORS	ETE 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS	PORTHE INST	DDITIONS/CHANGES ODONE VERN S. GREEN ARMYTER F TROSIDEN S. GREEN S. GREEN	TO OFFICERS A TON KLINE WOOD AN H. 3371 TINCER WOOD AN	Chan	ge Addition
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14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

8 S. San Sent OFFICER OR DIRECTOR

727-461-47.60