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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # H80735

(4)

## FILED Mar 10 1998 8:00am Secretary of State

P. JOHN STRINGER PAINTING AN	ID PAPERHANGING, II	NC.		i A habbin daar kann bank kanna kutha kutha dini branj k	RIĐAS ORĐAL OLOM) BIĐAL ĐAĐAL K <b>O</b> ĐA
Principal Place of Business	Place of Business Mailing Address		1 4901001 0101 (9511 ABIN 1990 1119) 0311 810 IL	1600 1 MINIT AINT WINTE MEDIT 1801	
C/O P. JOHN STRINGER C/O P. JOHN STRINGER 4902 RIVERWOOD AVE 4902 RIVERWOOD AVE		ł		1	
4902 RIVERWOOD AVE 4902 RIVERWOOD AVE SARASOTA FL 34231 SARASOTA FL 34231				DO NOT WRITE IN TH	IIS SPACE
	DIMINOSITY I'E GYEST			3. Date Incorporated or Qualified	
				10/15/1985	
2. Principal Place of Business	2a. Mailing Address		·	4. FEI Number	Applied For
21 26				59-2594811	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
27					Fee Required
23	<b>├</b> ¬ ′			6. Election Campaign Financing	\$5.00 May Be
Zip Country	<b>28</b> Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution  8. This corporation owes or has pald the	Added to Fees
24 25	29	30	,	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curren	1 - 1	<del>''''</del>	-	10. Name and Address of New Registers	
STRINGER, P. JOHN		81	Name		
4902 RIVERWOOD AVE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34231			Oliobrad	ureas (F.O. Box Northber is Not Acceptable)	
		63			
		84	City		85 Zip Code
			' '	F	L   '
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.</li> </ol>	2 and 607.1508, Florida Statul	tes, the above	e-named co	reporation submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statute	s.	alion's board or directors. I hereby accept the s	appointment as registered
SIGNATURE					
Signature, typed or printed name of registered age  12. OF FICERS ANI		E: Registered Ac	ent signatura req	jured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE P	DELETE	1.1 TITLE	· ·	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STRINGER, P. JOHN		1.2 NAME			En outling En resolution
	ET ADDRESS 4902 RIVERWOOD AVE		T ADDRESS		
			ST-ZIP		
TITLE	DELETE 2:				Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			İ
CITY-S1-ZIP		2. 4 CiTY-	ST-ZIP		
TITLE	DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAME			į
STREET ADDRESS		3.3 STREE	T ADDRESS		i
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TALE	☐ DELETE	4.1 TITLE	[		Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	- Decree	4.4 CITY-	ST-ZIP		
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-	ST-ZIP		
TITLE	Ļ ∪titit	6.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS		6.2 NAME			į
STREET ADDRESS			ADDRESS		
14. I hereby certify that the information supplied wi	th this filing does not qualify fo	6.4 CiTY-5	otion stated i	n Section 119 07/3)(i) Florida Statutes I further	cortifu that the information

4. 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 suppliencental 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 of 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.

SIGNATURE:

P. JOHN STRINGER

3/3/98

94 925-8759