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PROFIT CORPORATION ANNUAL REPORT

1999

CLASSIC PAINTS, INC.

1. Corporation Name

DOCUMENT # **H84838**



FLORIDA DEPLICATION OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90074 036 ***150.00

Mailing Address Principal Place of Business % DONNA M. DUTTON % DONNA M. DUTTON 1610 CYPRESS DRIVE 1610 CYPRESS DRIVE DO NOT WRITE IN THIS SPACE JUPITER FL 33469 JUPITER FL 33469 3. Date ir corporated or Qualifed 11/07/1985 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-2612315 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 27 22 City & S ate City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes the current year Intangible 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent DUTTON, DONNA M. Street Address (P.O. Box Number is Not Acceptable) 1610 CYPRESS DRIVE JUPITER FL 33469 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State or 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, Fix rida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change DELETE 11 TITLE TITLE 1.2 NAME NAME **DUTTON. JAMES ANDREW** 5403 PENNOCK POINT ROAD 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter fl 1.4 CITY-ST-ZIP □ D€LET€ ☐ Change Addition 2.1 TITLE TITLE 22 NAME DUTTON, DONNA M. NAME 5403 PENNOCK POINT ROAD 2.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE **DUTTON, JAMES ALBERT** 32 NAME NAME **261 MAPLECREST** 3.3 STREET ADDRESS STREET ADDRESS JUPITER FL 3.4. CiTY-ST-ZIF CITY-ST-ZIP ☐ Change DELETE ☐ Addition 4.1 TITLE TITLE **DUTTON, LAWRENCE ARTHUR** 4.2 NAME NAME 500 W. WHITNEY DRIVE 4.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 or trify that the information indicated on this annual report or supplemental a nual 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, prior on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)