## 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 # J67786 1. Corporation Name

DOUGLAS J. SHEPHARD PAINT CONTRACTORS, INC.

Principal Place of Business Mailing Address					141 B1811 3;811 61811 31811 61811 1881
8259 - 49TH PLACE N.		8259 - 49TH PLACE N. ST. PETERSBURG FL 33709			
ST. PETERSBURG FL 33709				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualifed	
				04/13/1987	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2807984	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	~ \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible ☐ Yes ☐ No
24	25	29 3	0	Personal Property Tax.  10. Name and Address of New Register	
<del>-</del>	9. Name and Address of Curren	Registered Agent	81 Name T	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ou rigoni
MCLEOD, PHILIP A., ESQ.				mory wood to the	
	FIRST AVE., SOUTH, SUITE 401		82 Street Add	ress (P.O. Box Number is Not Acceptable)	.a. #A ∫
ST. F	PETERSBURG FL 33701		83 5015	11.6.21310	
					· [=-  -7'- 0-1
84 Ci				Reference	FL   *5   グラッカ3
44. Duragest to the associations of Sections 607 0502 and 607 1508. Slorida Statutes, the above-named composition submits this statu					e 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 policipations of, Section 607.0505, Florida Statutes.					
		ond		<b>ろ</b> つ	!-97
SIGNATURE	Signature, typed or printed name of pegistered agen		egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VP	DELETE	1,1 TiTLE	mary Waodh PIMIT	Addition Addition
NAME	SHEPHARD, JANE		12 NAME	TO HE PHATELON	re/A///
STREET ADDRESS	15657 REDINGTON DRIVE		1.3 STREET ADDRESS	Children to the of the	\$\frac{1}{2}\rangle \frac{1}{2}
CITY-ST-ZIP	REDINGTON BEACH FL		1.4 CITY-ST-ZIP	21 16422041 3256	Change Addition
TITLE	P POLICIA D	☐ DELETE	2.1 TITLE	2 1107401 40	
NAME	SHEPHARD, DOUGLAS J	_	2.2 NAME	3259 49th Pl. M. t: Petersburg, Fl 33	
STREET ADDRESS	15657 REDINGTON DR.		2.3 STREET ADDRESS	+: Petershurg, Fl 33	709
CITY-ST-ZIP	REDINGTON BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.2 NAME	and the same of the same of	
NAME					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	· •	,
STREET ADDRESS			5.3 STREET ADORESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	FER	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90158 019 \*\*\*150.00