

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 # K22601**

1. Corporation Name

**BAYSHORE PAINTING CONTRACTORS, INC.**

Principal Place of Business

**956 NECTAR ROAD  
VENICE FL 34293  
US**

Mailing Address

**956 NECTAR ROAD  
%FRANK BROZ, P. O. BOX 3287  
VENICE FL 34293**

2. Principal Place of Business

**21 4787 MARLIN RD**

2a. Mailing Address

**26 4787 MARLIN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 VENICE FL**

City & State

**28 VENICE FL**

Zip

**24 34293**

Country

**25 US**

Zip

**29 34293**

Country

**30 US**

9. Name and Address of Current Registered Agent

**BROZ, FRANK  
956 NECTAR ROAD  
VENICE FL 34293**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1988**

4. FEI Number

**65-0049004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

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

**4787 MARLIN RD**

83

84 City **VENICE**

**FL**

85 Zip Code  
**34293**

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

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **BROZ, FRANK**  
CITY-ST-ZIP **956 NECTAR ROAD**  
**VENICE FL**

TITLE ☐ DELETE

NAME **DVP**  
STREET ADDRESS **BROZ, KATHY**  
CITY-ST-ZIP **956 NECTAR ROAD**  
**VENICE FL**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **BROZ, JOSEPH**  
CITY-ST-ZIP **956 NECTAR RD**  
**VENICE FL**

TITLE ☐ DELETE

NAME **DT**  
STREET ADDRESS **BROZ, FRANK III**  
CITY-ST-ZIP **242 CEDAR ST #9**  
**ENGLEWOOD FL 34223**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **4787 MARLIN RD**  
1.4 CITY-ST-ZIP **VENICE FL 34293**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **4787 MARLIN RD**  
2.4 CITY-ST-ZIP **VENICE FL 34293**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **4787 MARLIN RD**  
3.4 CITY-ST-ZIP **VENICE FL 34293**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **162 N. NEW YORK AVE**  
4.4 CITY-ST-ZIP **ENGLEWOOD FL 34223**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

**KATHY BROZ**

**2-17-99**

**941-497-2494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)