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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 02, 1999 8:00am **Secretary of State**

DIVISION OF CORPORATIONS 1999 02-02-1999 90009 035 ***150.00 DOCUMENT #-K49667 1. Corporation Name BEARI BEST PAINT COMPANY, INC. Mailing Address Principal Place of Business 11461 S. ORANGE BLOSSOM TR. 11461 S. ORANGE BLOSSOM TR. SUITE #4 DO NOT WRITE IN THIS SPACE SUITE #4 ORLANDO FL 32837-9417 ORLANDO FL 32837-9417 3. Date Incorporated or Qualifed US 11/29/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-292 1655 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certifcate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zip · · · Personal Property Tax. 30 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CRABTREE, TOM 11461 S ORANGE BLOSSOM TRAIL 83 SUITE 4 ORLANDO FL 32821 85 Zip Code 84 City 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 of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Additio 12. ☐ Change □ DELETE 1.1 TITLE TITLE 1.2 NAME CRABTREE, TOM NAME 1.3 STREET ADDRESS 11461 S ORANGE BLSM TR. STREET ADDRESS 1.4 CITY-ST-ZIP ORLANDO FL Additio Change CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Additic ☐ Change CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE NAME : 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP Change ... Addition CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Additi CITY-ST-ZIP ☐ Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP Additi ÇITY-ST-ZİP Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME

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:

NAME

STREET ADDRESS