

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K83305** (8)

1. Corporation Name
BILLY F. DYE, SR. PAINTING CORPORATION

Principal Place of Business 5512 STATE ROAD 33 CLERMONT FL 34711	Mailing Address 5512 STATE ROAD 33 CLERMONT FL 34711
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/25/1989

2. Principal Place of Business 5323 Hillside Dr	2a. Mailing Address 5323 Hillside Dr
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State Orlando Florida	27. City & State Orlando Florida
23. Zip 32810	28. Zip 32810
24. Country US	29. Country US

4. FEI Number
59-2262354

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FROMMERYER, GAIL CPA
15714 TURKEY FARM RD.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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

Gail Frommeyer CPA

(NOTE: Registered Agent signature required when reinstating)

1/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DYE, BILLY F., SR.	
STREET ADDRESS 5512 STATE ROAD 33	
CITY-ST-ZIP CLERMONT FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME DYE, BILLY F JR	
STREET ADDRESS 5512 SR 33	
CITY-ST-ZIP CLERMONT FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME DYE, RAYMOND	
STREET ADDRESS 5512 SR 33	
CITY-ST-ZIP CLERMONT FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Dye Billy F Jr.
2.4 CITY-ST-ZIP	5324 Hillside Dr Orlando, Florida 32810
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP.
3.3 STREET ADDRESS	Dye, Raymond
3.4 CITY-ST-ZIP	5324 Hillside Dr Orlando, Florida 32810
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Billy Ford

CR2E034 (10/97)