

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K83305**

1. Corporation Name

BILLY F. DYE, JR. PAINTING CORPORATION

Principal Place of Business

Mailing Address

5323 HILLSIDE DR
ORLANDO FL 32810
US

5323 HILLSIDE DR
ORLANDO FL 32810
US

FILED

00 JAN 14 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99-00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1989

59 3496794

4. FEI Number

59 2262354 59 3496794

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.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Dye, Billy F JR.

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

5323 Hillside Dr.

83

84 City

Orlando

FL

85

Zip Code

32810

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

Billy F. Dye Jr. owner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-27-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DYE, BILLY F JR
STREET ADDRESS 3524 HILLSIDE DR
CITY-ST-ZIP ORLANDO FL 32810

TITLE VP ☒ DELETE
NAME DYE, RAYMOND
STREET ADDRESS 5324 HILLSIDE DR
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 900003128069--7
1.4 CITY-ST-ZIP -02/08/00--01114--009
****758.00 ****758.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 900003128069--7
2.3 STREET ADDRESS -02/08/00--01114--010
****158.75 ****158.75

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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.

SIGNATURE:

Billy F. Dye Jr. REQUIRED 12-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 298-6710