

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 # K90147

1. Corporation Name

DARWIN C. CARR PAINTING & DECORATING, INC.

Principal Place of Business

%DARWIN C. CARR
141 BROWNING CIR.
WINTER HAVEN FL 33884

Mailing Address

%DARWIN C. CARR
141 BROWNING CIR.
WINTER HAVEN FL 33884

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90240 034 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1807 COLUMBIA DR. N.E.

22 City & State

27 WINTER HAVEN

23 Zip

Country

28 FL. 33884

Country

24

25

29

30 U.S.A.

3. Date Incorporated or Qualified

05/23/1989

4. FEI Number

59-2959204

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

9. Name and Address of Current Registered Agent

CARR, DARWIN C.
141 BROWNING CIR.
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name CARR, DARWIN C.
82 Street Address (P.O. Box Number is Not Acceptable)
1807 COLUMBIA DR. N.E.
83 WINTER HAVEN
84 City

FL 85 Zip Code 33884

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 D CARR, DARWIN C. DELETE

NAME CARR, DARWIN C.
STREET ADDRESS 141 BROWNING CIR.
CITY-ST-ZIP WINTER HAVEN FL

TITLE D CARR, JO-ANNE M. DELETE

NAME CARR, JO-ANNE M.
STREET ADDRESS 141 BROWNING CIR.
CITY-ST-ZIP WINTER HAVEN FL

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

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15-99 941325808

CR2E034 (1/98)