NAME

STREET ADDRESS CITY-ST-ZIP

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # K90795 (1)VICTOR'S PAINTING, INC. Principal Place of Business Mailing Address % VICTOR VALVERDE 5671 14TH AVENUE S.W. 1470 LOGAN BLVD. 1470 LOGAN BLVD. NAPLES FL 43000 34/16 DO NOT WRITE IN THIS SPACE NAPLES FL #2000. 3 4//6 HS 3. Date Incorporated or Qualified 05/25/1989 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 65-0169831 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALVERDE, VICTOR 5671 14TH AVENUE, S.W. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL-83809 34116 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE VALVERDE, VICTOR NAME 1.2 NAME 5671 14TH AVENUE, S.W. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 341/6 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- 2IP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TIT) F 6.1 TITLE

> 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.

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