

(850) 487-6050

26125

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
AMENDED

98 DEC 17 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90795**

1. Corporation Name

VICTOR'S PAINTING, INC.

Principal Place of Business

Mailing Address

**5671 14TH AVE SW
NAPLES, FL 34116**

**5671 14TH AVE SW
NAPLES, FL 34116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-25-89

4. FEI Number

65-0169831

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**VICTOR VALVERDE
5671 14TH AVE SW
NAPLES, FL 34116**

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 **X Victor Valverde**

(NOTE: Registered Agent signature required when reappointing)

DATE

12-14-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/SIT** ☐ DELETE

NAME **VALVERDE, VICTOR**
STREET ADDRESS **5671 14TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VICE-PRESIDENT** ☐ DELETE

NAME **VALVERDE, ANGEL FERNANDO**
STREET ADDRESS **1840 51ST ST SW**
CITY-ST-ZIP **NAPLES, FL 34116**

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: **X Victor Valverde**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-98

Date

Daytime Phone #

CR2E034 (10/97)