

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90135 023 ***150.00

DOCUMENT # L04457

1. Corporation Name

ROGER ALLISON PAINTING CORPORATION

Principal Place of Business

P.O. BOX 941
11331 67TH PLACE NORTH
LOXAHATCHEE FL 33470-7941

Mailing Address

P.O. BOX 941
11331 67TH PLACE NORTH
LOXAHATCHEE FL 33470-7941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

4. FEI Number

65-0142844

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

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

10. Name and Address of New Registered Agent

ALLISON, ANITA, JOYCE
11331 67TH PLACE NORTH
ROYAL PALM BEACH FL 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ALLISON, ROGER
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

1.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME ALLISON, ANITA JOYCE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ALLISON, WILLIAM EUGENE
STREET ADDRESS 11331 67TH PLACE NORTH
CITY-ST-ZIP ROYAL PALM BCH. FL.

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 REQUIRED

ALLISON, ANITA JOYCE 3-15-99 561-798-8214

Date

Daytime Phone #

CR2E034 (11/98)