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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10284

(2)

Mailing Address

SOUTHWEST PAINTING, INC.

FILED Apr 15 1998 8:00am Secretary of State



% KARL L. 1354 WATER PORT CHAR		1354 W	% KARL L. BEHNKE 1354 WATERSIDE ST. PORT CHARLOTTE FL 33952				3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1989								7	
	Place of Busi	<u></u> ⊢¬	2a. Mailing Address					4. FEI Number						Applied For			
21	. 44		26					65-0147415 Not Applic								е	
Sulte, Ap		27	<u> </u>				6.	5. Certificate of Status Desired \$8.75 Additional Fee Required									
23	City & State			City & State				Election (Trust Fur	•	-	~ +5.45 ma,						
Z ip 24	<u>.</u> .	Country 25	Zip 29	29 30				8.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No								
	9. Name	and Address of C	81		10.	Name ar	nd Addr	ess of N	ew Reg	gistered A	lgent			\Box			
BE	HNKE, KAF					Name											
	154 WATERS ORT CHARL					Street A	Address (P.O. Box Number is Not Acceptable										
					83												
41 G. W.Y	:					84	City						FL	85	Zip (ode	7
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 profited name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE																	
12.			S AND DIRECTORS		- Ago	a signature re						FICERS AND DIRECTORS IN 12					
TITLE	DP DP			DELETE	1.1 71	TLE								☐ Chi		Additio	7
NAME	BEHNKE	, KARL L.			1.2 N/	AME											
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TITLE	DVS			DELETE	2.1 TI	TLE								Cha	ange	Additio	╗
NAME		, JENNETTE J.			2.2 NA	ME											
STREET ADDRESS		ATERSIDE ST.					ADDRESS										
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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 occopication 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.