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
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90214 042 ***150.00

DOCUMENT # L13812

1. Corporation Name

S & R PAINTING & SERVICES, INC.

Principal Place of Business	Mailing Address
5148 SE ISABELITA PO BOX 950 PT SALERNO FL 34992-0950 US	P. O. BOX 950 PO BOX 950 PT SALERNO FL 34992-0950 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **09/01/1989**	
21 5148 SE ISABELITA	26 PO BOX 85	4. FEI Number **65-0169803**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 STUART FL	City & State 28 YANKEETOWN FL	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24 34997 / Country 25 USA	Zip 29 34498 / Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
COUTANT, ANDREW T. 43 E. OCEAN BLVD. STUART FL	81 Name **RUTH FOWLER**	
	82 Street Address (P.O. Box Number is Not Acceptable) **5148 SE ISABELITA**	
	83	
	84 City **STUART** FL	85 Zip Code **34997**

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 _Ruth Fowler_   4-9-99

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 **PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **FOWLER, STATEN, JR.**		1.2 NAME		
STREET ADDRESS **5148 SE ISABELITA**		1.3 STREET ADDRESS		
CITY-ST-ZIP **STUART FL**		1.4 CITY-ST-ZIP		
TITLE **VD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **FOWLER, RUTH**		2.2 NAME		
STREET ADDRESS **5148 SE ISABELITA**		2.3 STREET ADDRESS		
CITY-ST-ZIP **STUART FL**		2.4 CITY-ST-ZIP		
TITLE **ST**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **FOWLER, RUTH**		3.2 NAME		
STREET ADDRESS **5148 SE ISABELITA**		3.3 STREET ADDRESS		
CITY-ST-ZIP **STUART FL**		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: X _Staten Fowler, Pres_   4-9-99   352-447-0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)