## 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 20, 1999 8:00 am Secretary of State

04-20-1999 90251 016 \*\*\*150.00

i. Corporation								
PACHEC	O PAINTING INC							
Principal Place of Business Mailing Address					T (DOINE) BEN LOUDEN BRIEF BEN EINE BUREN DI	AUS OSBEI ALAUS AII		
271 MENTEL TERR PO BOX 38772 PORT CHARLOTTE FL 33952 MURDOCK FL 33939							* ~;	٠.
	, in				DO NOT WRITE IN THIS	SPACE		-, j
					3. Date Incorporated or Qualifed			l
					05/21/1990	<del></del>		l
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	<u> </u>	olied For	l
21		26		65-0199273		Applicable	ì	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red		l
22	_	City & State			O St. di O serole Sinonia	<del></del>		
City & State	<del>0</del>	28			6. Election Campaign Financing Trust Fund Contribution	\$5,00 to Added to		25
<b>Zip</b>				rv	This corporation owes the current year Interest.		51.005	ĺ
<b>—</b>			Zip Country		Personal Property Tax.		□No	l
24]	9. Name and Address of Current		1301		10. Name and Address of New Registered			l
_	- , , , , , , , , , , , , , , , , , , ,		8	1 Name				ĺ
PACI	HECO, EDWARD O.		_		(0.0.0.1)			ļ
271 MENTEL TERR			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)			l
POR		8	3	<u> </u>			l	
								l
			8	4 City	FL	85 Zip C	ode	ł
office or r	egistered agent or both in the State 0	f Florida. Such change was a:	uthorized t	v the comoratio	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its r	registered gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statute	es.				l
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	· Registered Ar	ent signature require	ad when reinstating) DATE			-
12.	OFFICERS AND		13.	jane signatura raquire	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	3
TITLE			1.1 TITLE		<del></del>	☐ Change	☐ Addition	3
NAME	_		1.2 NAMI	₌ Ì				1 3
STREET ADDRESS				ET ADDRESS				Ì
CITY-ST-ZIP	BOOK STANDARD STANDARD		1.4 CITY				(	1 8
TITLE			2.1 TITLE			☐ Change	Addition	Č
NAME			2.2 NAM	<b>.</b>				l
STREET ADDRESS			2.3 STRE	ET ADORESS				l
CITY-ST-ZIP			2.4 CITY				ļ	1
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	ļ
NAME . —		<u></u>	3.2 NAM				. ريسسون جسم منتون	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP		* ~	3.4. CITY	-ST-ZIP				l
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition	ı
NAME			4.2 NAM	e (			ţ	i
STREET ADDRESS		, /	4.3 STRE	ET ADDRESS				l
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			_	i
TITLE		☐ DELETE	5.1 1ITLE			Change	☐ Addition	l
NAME			5.2 NAM	.				l
STREET ADDRESS		•	5.3 STRE	ET ADDRESS			Į	ĺ
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				i
TITLE '		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	l
NAME.			6.2 NAM	≣			ļ	ł
OTOLET ADODESS			6.3 STRE	ET ADDRESS				ı

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 chapter, or on an attackingent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-Z/P

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR