

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78034** (0)

1. Corporation Name
NU LIFE PAINTING INC.

Principal Office in U.S. State: **FL** Mailing Address:
ROBERT MICHAEL WILLIAMS
4443 C.R. 218 W. STE 102
MIDDLEBURG FL 32068
US

2. Date of Annual Report: **21** 2a. Mailing Address:
26
3. Date of Report: **22** 3a. Mailing Address:
27
4. Date of Report: **23** 4a. Mailing Address:
28
5. Date of Report: **24** 5a. Mailing Address:
29 6. Date of Report: **30**

3. Date of Report: **06/05/1990** 3a. Date of Report: **02/08/1994**
4. Fee Number: **59-2018832** 4a. Fee Number: **59-2018832**
5. Certificate of Status: **1** \$8.75 Additional Fee Required
6. Election Campaign Expenses: **1** \$5.00 May Be Added to Fees
7. Election Campaign Expenses: **1** \$5.00 May Be Added to Fees
8. Election Campaign Expenses: **1** \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
WILLIAMS, ROBERT MICHAEL
10 MANDRAKE ST
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent
81 Name:
82 Street Address:
83 City:
84 State: **FL** **85** Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation named herein, as required by law, and that the same has been filed for the purpose of filing the report of the corporation named herein, as required by law, and that the same has been filed for the purpose of filing the report of the corporation named herein, as required by law.

12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation named herein, as required by law, and that the same has been filed for the purpose of filing the report of the corporation named herein, as required by law.

12. ADDITIONAL INFORMATION	13. ADDITIONAL INFORMATION
DV WILLIAMS, ROBERT MICHAEL 2122 MALLARD ROAD MIDDLEBURG FL	1 Name: 2 Street Address: 3 City: 4 State: 5 Zip Code:
P WILLIAMS, PAUL ROBERT 10 MANDRAK ST. MIDDLEBURG FL	6 Name: 7 Street Address: 8 City: 9 State: 10 Zip Code:
ST WILLIAMS, JOYCE SCHOCK 10 MANDRAKE STREET MIDDLEBURG FL	11 Name: 12 Street Address: 13 City: 14 State: 15 Zip Code:
	16 Name: 17 Street Address: 18 City: 19 State: 20 Zip Code:
	21 Name: 22 Street Address: 23 City: 24 State: 25 Zip Code:
	26 Name: 27 Street Address: 28 City: 29 State: 30 Zip Code:
	31 Name: 32 Street Address: 33 City: 34 State: 35 Zip Code:
	36 Name: 37 Street Address: 38 City: 39 State: 40 Zip Code:
	41 Name: 42 Street Address: 43 City: 44 State: 45 Zip Code:
	46 Name: 47 Street Address: 48 City: 49 State: 50 Zip Code:
	51 Name: 52 Street Address: 53 City: 54 State: 55 Zip Code:
	56 Name: 57 Street Address: 58 City: 59 State: 60 Zip Code:
	61 Name: 62 Street Address: 63 City: 64 State: 65 Zip Code:
	66 Name: 67 Street Address: 68 City: 69 State: 70 Zip Code:
	71 Name: 72 Street Address: 73 City: 74 State: 75 Zip Code:
	76 Name: 77 Street Address: 78 City: 79 State: 80 Zip Code:
	81 Name: 82 Street Address: 83 City: 84 State: 85 Zip Code:
	86 Name: 87 Street Address: 88 City: 89 State: 90 Zip Code:
	91 Name: 92 Street Address: 93 City: 94 State: 95 Zip Code:
	96 Name: 97 Street Address: 98 City: 99 State: 100 Zip Code:

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation named herein, as required by law, and that the same has been filed for the purpose of filing the report of the corporation named herein, as required by law.

SIGNATURE: *R. Michael Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Michael Williams
5/15/95 (904) 282-9793

