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

OCUMENT # L98671

ABELLE PAINTING, INC.

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90061 017 ***150.00

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ace of Business						
ERTON FALLS DR.	14073 LUMBERTON FALLS	DR.	·			
±5 FL 32224	JACKSONVILLE FL 32224		DO NOT	DO NOT WRITE IN THIS SPACE		
		•	3. Date Incorporated or Qua 08/28/1990	alifed		
Place of Business	2a. Mailing Address		4. FEI Number		A	pplied For
	26		59-3031123	_		ot Applicable
. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desir	ed 🗌	•	Additional equired
te	City & State		6. Election Campaign Finan Trust Fund Contribution	cing 🖸	•	May Be to Fees
Country	Zip	Country	8. This corporation owes the	e current year in		_
25		30	Personal Property Tax.	•	Yes	□No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of I	lew Registered	Agent	
DELLE MICHAEL		81 Na				
BELLE, MICHAEL		82 Str	Address (P.O. Box Number is Not Ad	ceptable)		
073 LUMBERTON FALLS DR.			<u>,</u>			
CKSONVILLE FL 32224		83	· · · · · · · · · · · · · · · · · · ·			
		84 City		Fl	85 Zip	Code
Signature, typed or printed name of registered age OFFICERS AN	VD DIRECTORS	13.	required when reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS A		
OFFICERS AI	DELETE	1.1 TITLE	ADDITIONS/CHANGES 1	O OI TIOLING A	Change	☐ Additio
LABELLE, MICHAEL	_	1.2 NAME	}			
14073 LUMBERTON FALLS		1.3 STREET ADDR	į			
JACKSONVILLE FL		1.4 CITY-ST-ZIP	}			
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		2.2 NAME	(
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 		4.4 CITY-ST-ZIP			Change	Additi-
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		5.3 STREET ADOR			☐ Change	Additio
		5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			Change	Additio

Estify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fronta statutes. Further centry that the information 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

·URE:	CM TABELL MICHAEL R. L'ABELLE
· · · ·	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR