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**

DOCUI	MENT # L99992								
LOFT PA	AINTING & DECORATING, I	NC.							
				•			8 8 8 8 8		
Principal Place	e of Business	Mailing Address							
807 S. ORLANDO AVE. 807 S. ORLANDO AVE.						1			
STE. J. STE. J. WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRIT	F IN THIS !	SPACE	
US PARK	FL 32709	US				3. Date Incorporated or Qualifed			
		••				09/13/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3034214		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired		Fee R	Required
City & Stat	e	City & State	J-			6. Election Campaign Financing	п.,) May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	untry		This corporation owes the curre	nt year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Nama	10. Name and Address of New R	egisterea <i>F</i>	Agent	
LOF	T. DAVID L JR			81	Name				
807 S ORLANDO AVE				82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
STE J									
WINTER PARK FL 32789									
WINTER FARR FL 32709				84 City				85 Zip	Code
	·						FL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was	authorize	d bv	the corporati	poration submits this statement for the plant's board of directors. I hereby accept	the appoin	tment as r	egistered
SIGNATURE			75.0	4 4		ed when reinstating)	DATE		-
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.		r signature require	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
TITLE	vr Siriozita	DELETÉ		ITLE				Change	
NAME	LOFT, CHERYL K		1.21	VAME					
STREET ADDRESS	807 S ORLANDO AVE., STE.	١.	1.3.5	STREET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL	•		CITY-SI					
TITLE	DPS	☐ DELETE		ITLE				☐ Change	Additio
NAME	LOFT, DAVID L JR		2.2	VAME					
STREET ADDRESS	807 S ORLANDO AVE, STE J				ADDRESS				
-CITY-ST-ZIP	WINTER PARK FL			CITY-S					
TITLE	<u> </u>	DELETE		mle			***	Change	☐ Additio
NAME			3.21	NAME					
STREET ADDRESS			3.3 9	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE	4.11	ITLE				☐ Change	Additio
NAME			4.2	NAME					
STREET ADDRESS			4.3 5	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE		TITLE				Change	Additio
NAME				NAME					
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP			5.4 0	CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 1	TITLE				Change	Additio

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

407-647-1988