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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

 Corporation N 	IENT # M781 Name IE PAINTING CO.	196 (6)				
Principal Place of C/O JOHN V 17621 MEAD LUTZ FL 335	v. Simone Dow Bridge Dr.	Mailing Address C/O SIMONE. JOHI 1630 COBBLER STI LUTZ FL 33549 US		3. Date incorporated or Qualified 04/27/1988	an Date of the	asi Figure 1 17/1995
2. Principa! Place	e of Business	2a, Mailing Address		4. FEI Number		Applied For
1		26		59-2899704		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State		6. Flection Campaign Financing		\$5.00 May Be
3		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Gountry 30	8. This corporation has liability for Florida Statutes Yes	intangible tax ur 。[1] No	ider s. 199.032,
4	25 g. Name and Address of Curre	29 ent Registered Agent	<u> 30</u>]	10. Name and Address of New I		nt
	9. Hame and Addices of Carry	<u></u>	81 Name			
SIMONE, JOHN V.			B2 Street Addi	ress (P.O. Box Number is Not Acceptal	ble)	
	MEADOW BRIDGE DR.		83			
LUIZ FI	L 33549		63			
			84 City		FL	5 Zip Code
or registered familiar with	of the provisions of Sections 607.05 id agent, or both, in the State of Fic a, and accept the obligations of, Se	orida. Such channe was authori	ized by the corporation's boa	ration submits this statement for the purific of directors. Thereby accept the app	no ritment as reg	istered agent. Lam
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officery, 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 11 if changed, or affilm attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR

1/12/91 813-920-6100