

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (If DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # M78196

(6)

1. Corporation Name
SIMONE PAINTING CO.

Principal Place of Business

C/O JOHN V. SIMONE
17621 MEADOW BRIDGE DR.
LUTZ FL 33549

Mailing Address

C/O SIMONE, JOHN V.
17621 MEADOW BRIDGE DRIVE
LUTZ FL 33549
US

2. Principal Place of Business

21 State, Apt., etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 12216 N. 56th ST
State, Apt., etc.

27 City & State

28 TAMPA, FL 33617
Zip Country

29 33617 30 U.S.A.

9. Name and Address of Current Registered Agent

SIMONE, JOHN V.
17621 MEADOW BRIDGE DR.
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1988

4. FEI Number

59-2899704

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12216 N. 56th ST.

84

City TAMPA

FL

85

Zip Code 33617

11. Pursuant to the provisions of sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully aware, and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If not the same as the filer, attach a separate statement)

DATE Registered Agent's Term (Indicate when it expires)

DATE

12. OFFICERS AND DIRECTORS

1101 NAME ☐ Delete

1102 D
SIMONE, JOHN V.
17621 MEADOW BRIDGE DRIVE
LUTZ FL

1103 NAME ☐ Delete

1104 NAME ☐ Delete

1105 NAME ☐ Delete

1106 NAME ☐ Delete

1107 NAME ☐ Delete

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1120 NAME ☐ Delete

1121 NAME ☐ Delete

1122 NAME ☐ Delete

1123 NAME ☐ Delete

1124 NAME ☐ Delete

1125 NAME ☐ Delete

1126 NAME ☐ Delete

1127 NAME ☐ Delete

1128 NAME ☐ Delete

13.

1301 NAME ☐ Change ☐ Addition

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1330 NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.

SIGNATURE

7/9/98 813-988-7355

CR2EC034/5/98