Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90052 024 \*\*\*150.00

## 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

## DOCUMENT # M80606

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

H.I.S. PA	AINTING SERVICES, INC.		•		
		A			
Principal Place 4073 SAWYER ( SARASOTA FL US	CT	Mailing Address  4073 SAWYER CT SARASOTA FL 34233 US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 05/04/1988	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5681	Sarah Ave.	26 5681 Sar	ah Ave	65-0049265	Not Applicable
Suite, Apt.	والمراه	Suite, Apt. #, etc.	٠٠.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	T FL	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 342	33 25 45	29 34233 3	o us	Personal Property Tax.	☐ Yes 🛂 No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent					
BATTACULA DONALD O					
BATTAGLIA, RONALD R. 4073 SAWYER COURT 82 Street Addr			Address (P.O. Box Number is Not Acceptable)		
0.0000 51 0.000				681 Sarah Ave.	
SARASOTA FL 34233				nit "C"	
			84 City		FL 85 Zip Code 3 4 2 3 3
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. i ai	m familiar with, and accept the obligation	oris di, sectioni dor.osos, i iona	a Glattics.		
	Signature, typed or printed name of registered agent	<u>'</u> `	egistered Agent signature n		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE	patta alia, Ronald R	
NAME	BATTAGLIA, RONALD R.		1.2 NAME	5681 Sarah AVE. U	Crit'C'
STREET ADDRESS	4073 SAWYER COURT		1.3 STREET ADDRESS	3001 Sa ar 1 343	5 5
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FL 3423	The same the same of the same
TITLE	VP	☐ DELETE	2.1 TITLE	partere, Edward	
NAME .	PANTERA, EDWARD		2.2 NAME	5681 Jarah AVE.	unt'C"
STREET ADDRESS	4073 SAWYER COURT		2.3 STREET ADDRESS		73 3 2
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	sarasota, FL 34.	Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	,	☐ Criarige ☐ Addition
NAME	, = -	•	3.2 NAME -		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		O DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Cliatige Madison
NAME			4. 2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	Classers	4.4 CITY-ST-ZIP		Change Addition
TITLE	·	☐ DELETE	5.1 TITLE 5.2 NAME	_	Filographic Dynamicon
NIA LOC					

CITY-ST-ZIP 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.

SIGNATURE: Edward Panticke RE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

☐ Addition

☐ Change