

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90082 038 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01549 1. Corporation Name GENESEE PAINTING CO., INC.					
Principal Place of Business G-3080 N. CENTER RD. FLINT MI 48506			Mailing Address G-3080 N. CENTER RD. FLINT MI 48506		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 38-2054725	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NILES, MAXINE #2 HENDRICKS ISLE FT. LAUDERDALE FL 33301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D		1.1 TITLE	
NAME		NILES, RONALD D.		1.2 NAME	
STREET ADDRESS		5237 BERNEDA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP		FLINT MI		1.4 CITY-ST-ZIP	
TITLE		PD		2.1 TITLE	
NAME		NILES, DAN A.		2.2 NAME	
STREET ADDRESS		9690 BURNING TREE		2.3 STREET ADDRESS	
CITY-ST-ZIP		GRAND BLANC MI		2.4 CITY-ST-ZIP	
TITLE		SD		3.1 TITLE	
NAME		NILES, GARY L.		3.2 NAME	
STREET ADDRESS		2138 SYCAMORE CIR.		3.3 STREET ADDRESS	
CITY-ST-ZIP		FLINT MI		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

Daytime Phone #

CR2E034 (11/98)