## 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 # P9300009146

1. Corporation Name TINDALL'S PAINTING, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90017 006 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
1371 BLACK W	ILLOW TR. PRINGS FL 32714	1371 BLACK WILLOW TRALIL ALTAMONTE SPRINGS FL 3271						
US		US			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>02/01/1993</li> </ol>			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	T A	pplied For	
		⊢	OV I	1200		<del>}                                    </del>	ot Applicable	
21 3852 Suite, Apt.	Brantley place C	Suite, Apt. #, etc.	ey r	Tace			Additional	
_		<u>├</u>			5. Certifcate of Status Desired		equired	
City & State	a, FL	27 Apopka, RL City & State			6. Election Campaign Financing		May Be	
_		— ·			Trust Fund Contribution	T	to Fees	
23 32703 Zip	Country	28 32703 Zip	Country		This corporation owes the current year Inta			
	25	29 30				Yes	X)No	
24	9. Name and Address of Curren	_ <del></del>			10. Name and Address of New Registered A			
	5. Name and Address of Curren	t registered Agent	81	Name		9		
CAM	IPBELL, JAMES M							
111 NORTH ORANGE AVE STE 700				82 Street Address (P.O. Box Number is Not Acceptable)  83				
OIL	ANDO 1 L 32001		84	City		85 Zip	Code	
					<u> </u>			
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida, Such change was author	inzed by	tne corpora	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	tment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	ANOTE: Per	etered Ager	t signature requi	ired when reinstating) DATE		{	
12,		ID DIRECTORS	13.	t signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			X Change	Addition	
NAME	TINDALL, CLAYTON M.	<u> </u>	1.2 NAME					
	1371 BLACK WILLOW TRAIL			ADDRESS 7	0050 Dwamii1 Oim	1		
STREET ADDRESS	ALTAMONTE SPRINGS FL			~	3852 Brantley place Cir	cre	İ	
CITY-ST-ZIP	ALIAMONIE SPHINGS PL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219 /	Apopka, FL 32703	☐ Change	Addition	
TITLE		DELETE						
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		CT Change	Addition	
TITLE		☐ DELETE	3.1 TITLE		e de	Change	, Auditon	
NAME			3.2 NAME	ļ			1	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition ∫	
NAME			52 NAME				}	
STREET ADDRESS			5.3 STREE	ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETÉ	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				ļ	

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS