

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90008 048 ***150.00

DOCUMENT # P93000033162

1. Corporation Name

BAYMAR PAINTING SPECIALISTS, INC.

Principal Place of Business

1236 COTTON ROAD NE
PALM BAY FL 32905
US

Mailing Address

P.O. BOX 1419
MELBOURNE FL 32902
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

4. FEI Number

59-3187463

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

4195 Hield Rd. NW

City & State

Palm Bay FL

Zip

32907

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAKER, DONALD E
1236 COTTON ROAD NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 Kathryn M. Baker V.P.

(NOT E: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME BAKER, DONALD E
STREET ADDRESS 1236 COTTON ROAD NE
CITY-ST-ZIP PALM BAY FL

TITLE V
NAME BAKER, KATHY M
STREET ADDRESS 1236 COTTON ROAD NE
CITY-ST-ZIP PALM BAY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 119.073(1), 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 a holder like empowered.

SIGNATURE:

Kathryn M. Baker Kathryn M. Baker 4-26-99 407-952-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0118517