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PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034189 (9)

ARTHUR CARTER'S PAINTING, INC.

Principal Place of Business Mailing Address 1210 SE 23RD ST. 1210 SE 23RD ST. CAPE CORAL FL 33990 CAPE CORAL FL 33990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0407059 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intaggible 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CARTER, ARTHUR 1210 **SE** 23RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 84 City 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. ARTHUR OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Addition TITLE CARTER, ARTHUR NAME 1.2 NAME STREET ADDRESS 1210 SE 23RD ST. 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 1.4 CITY - ST - 7IP VICE- PRESIDENT Change DELETE TITLE DST 2.1 TITLE Addition KEITH CARTER. CARTER, KEITH NAME 2.2 NAME 1210 SE ABRO ST. 1210 SE 23RD ST. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL, FL. 33990 CAPE CORAL FL 33990 CITY-ST-ZIP 2. 4 CITY-ST-ZIP SEC-TREASURER DELETE Change Addition TITLE 3.1 TITLE DAVID N. AMOROSO NAME 3.2 NAME 5856 POETRY LANE STREET ADDRESS 3.3 STREET ADDRESS N. FORT MYERS, FL. 33903 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

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Apr 20 1998 8:00am

Secretary of State