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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000038419 (6)

BAYSIDE PAINTING & DECKING, INC.

FILED Apr 29 1997 8:00am Secretary of State

*					
Principal Place	3AD -	Mailing Address 7746 WILES ROAD PO- CORAL SPRINGS FL 89067-8	BOX 77075		\$8206 \ 10 07061
:		33	077	3. Date incorporated or Qualified 05/28/1993	3a. Date of Last Report 03/12/1996
	lace of Business MW 54 AV # etc	26. Mailing Address 26. P.O. Box 770 Suite, Apt. #, etc.	75-6	4, FEI Number 65-0418858	Applied For Not Applicable \$8.75 Additional
22		27		5. Cortificate of Status Desired	Fee Required
City & State	6-ATE / Country	City & State 28 COMAL SPA	ING. FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3 3 0	25 U.S.A. 9. Name and Address of Current	²⁶ 33077 3	0 4 5 M	This corporation has liability for Florida Statutes Name and Address of New Re	Yes 🔀 No
· 2774	re, James e IV Tymes Road - Val S prings Fl 33067	7	Name Street Add	dress (P.O. Box Number is Not Acceptate ちられ いち 4 A ひき	ole)
			City	MARGATU	33063 FL 85 Zip Code
11. Pursuant office or reagent. I as	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid I	da Statues.	ruoration submits this statement for the pation's board of directors. I hereby acception $4\cdot 2$	
<u>:</u>	Signature (pod or printed name of registered agent			orea when renstating)	DATE
12.	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS	HAIRE, JAMES E IV	0× 770756	1.2 NA II 1.3 STUFET ADDRESS		Lad Vitaligo Lad Flooriton
CITY-ST-ZIP TITLE	CORAL SPRINGS FL D	DETEAL DETEAL	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS	HAIRE, JAMES E III 7740 WILES ROAD P. O · I CORAL SPRINGS FL 33007	BOX 770756	22 NAME 23 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME	CONAL OF HINGS FL 33007	DELETE	2.4 City-S1-2iP 3.1 Title 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADORESS 4.4 CHY-ST-ZIP		
,TITLE ,NAME	· .	L) DELETE	5.1 TITLE 5.2 NAME		L Change L_ Addition
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		
TITLE NAME		DELETE	61 TITLE 62 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do heret informatio I am an of	on indicated on this annual report or su	ipplemental annual report is true he receiver or trustee empower	for the exemption state and accurate and the ed to execute this rep	ed in Section 119.07(3)(i), Florida Statute al my signature shall have the same lega ort as required by Chapter 607, Florida S	d effect as if made under eath: that