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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041321 (9)

INTEGRITY PAINTING CONTRACTORS INC.

**FILED** Apr 29 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address						1 16 014 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	##101 #19#1 II	<b>148</b> 1111 <b>8</b> 111	B	
8556 MARISSA CIRCLE 6556 MARISSA CIR.										
LAKE WORTH FL 33467 LAKE WORTH FL 33467						DO NOT WRITE IN THIS SPACE				
U\$ US						3. Date Incorporated or Qualified				
						06/11/1993				
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		T Ai	oplied For	
21 3780		26 3780 GLA	40YS	<u>c7</u>		65-0412783		N	ot Applicable	
Suite, Apt.	, etc. Suite, Apt. #, etc.				•	5. Certificate of Status Desired	П		Additional	
	WORTH FL.	27 LAKE WORT	H F	<u>L,</u>	L	o. obtained of olding position			equired	
City & State		Cítý & State				6. Election Campaign Financing	_		May Be	
23 3346   28 33461   Zip   Country   Zip   Court			ntru		Trust Fund Contribution	<u> </u>		to Fees		
24	25	29	30	шу		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>			langible   ] No	
24	9. Name and Address of Current		1301			10. Name and Address of New Regi			1100	
101	INSON, PAUL	·		81	Name					
	66 MARISSA CIR.		}	82	Ctract Adde	one (D.O. Boy Number is Not Assentable				
LAKE WORTH FL 33467				02	OURRI AUDI	ldress (P.O. Box Number is Not Acceptable)				
CARE WORTH TE SOVO			Ī	83						
				84	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut I Florida, Such change was	es, the ab	ove by	-named corp the corporati	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of ch	anging i	ts registered registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fk	orida Stati	utes	i. '	,			}	
SIGNATURE	Signature typed or printed name of registered ages:	and tile if applicable (NO)	I · Registered	Ago	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		,		
TITLE	PT	☐ DELETE	1.1 T(T	LE			_	Change	Addition	
NAME	JOHNSON, PAUL R		1.2 NA							
STREET ADDRESS	400111011221 2111 2111 1111		1.3 STREE							
CITY-ST-ZIP TITLE	BOYNTON BEACH FL	DELETE	1.4 CH 2.1 TH	_	- ZIP			Change	Addition	
NAME	VPS Johnson, Alice P		- 6		1		_	Juliange	☐ ADDITION	
STREET ADDRESS	5084 ASHLEY LAKE DR, 9-22			2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 Ci		•					
TITLE	DO INTON OLNOITE	DELETE	3.1 TIT		1-511			Change	Addition	
NAME			3.2 NA		(		_	-		
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-SI	1-ZIP					
TITLE		DELETE	4.1 111	LΕ				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REET #	address					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		L_) DELETE	5.1 Tit	LΕ				Change	☐ Addition	
NAME			5.2 NAI							
STREET ADDRESS			5.3 STF	REET A	ADDRESS					
CITY-ST-ZIP		D DELETE	5.4 CIT		- ZIP		· ·	05.000	A-Maria	
TITLE		DELETE	6.1 TIT				L	Change	Addition	
NAME			6.2 NAI							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify to	6.4 CIT			Section 119 07/3/(i) Florida Statutes Lfu	uthor cortif	that the	intermation	

Indicated on this annual report or supplied with this ning coes not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatic 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.

561-641-3116