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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042494 (3)

**B & G QUALITY PAINTING, INC.** 

Principal Place of Business Mailing Address P O BOX 2561 P O BOX 2581 VERO BEACH FL 32961 VERO BEACH FL 32961 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0397490 Not Applicable 26 Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name MCGOWAN, ROBERT J 2336 BONITA AVE Street Address (P.O. Box Number is Not Acceptable) R2 VERO BEACH FL 32961 83 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. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MCGOWAN, ROBERT J. NAME 1.2 NAME 2336 BONTIA AVE 1.3 STREET ADDRESS STREET ADDRESS **VERO BCH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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 angual 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 receivable trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an unaccurate any didness. KOBERT J. MeLOUAN

62 NAME

6.3 STREET ADDRESS

2-13-98

FILED

Mar 19 1998 8:00am

Secretary of State

561-778-0093