


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

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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90035 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000044055</b>					
1. Corporation Name <b>TOM NELSON PAINTING, INC.</b>					
Principal Place of Business <b>499 N.S.R. 434 SUITE 2043 ALTAMONTE SPRINGS FL 32714</b>			Mailing Address <b>499 N.S.R. 434 SUITE 2043 ALTAMONTE SPRINGS FL 32714</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>499 N.S.R. 434</b> Suite, Apt. #, etc. 22 <b>Suite 2145</b> City & State 23 <b>Altamonte Springs FL</b> Zip Country 24 <b>32714</b> 25 <b>Seminole</b>			2a. Mailing Address 26 <b>499 N.S.R. 434</b> Suite, Apt. #, etc. 27 <b>Suite 2145</b> City & State 28 <b>Altamonte Springs FL</b> Zip Country 29 <b>32714</b> 30 <b>Seminole</b>		
3. Date Incorporated or Qualified <b>06/16/1993</b>			4. FEI Number <b>59-3186542</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>NELSON, THOMAS B 5840 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810-1025</b>			10. Name and Address of New Registered Agent 81 Name <b>Thomas B Nelson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>499 N. SR 434</b> 83 <b>Suite 2145</b> 84 City <b>Altamonte Springs</b> FL 85 Zip Code <b>32714</b>		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>NELSON, THOMAS B</b> STREET ADDRESS <b>5594 N ORANGE BLOSSOM TR</b> CITY-ST-ZIP <b>ORLANDO FL</b>			1.1 TITLE <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Thomas B Nelson</b> 1.3 STREET ADDRESS <b>444 Ridge Forest Court</b> 1.4 CITY-ST-ZIP <b>Sanford, FL. 32771</b>		
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>NELSON, DENISE A</b> STREET ADDRESS <b>5594 N ORANGE BLOSSOM TR</b> CITY-ST-ZIP <b>ORLANDO FL</b>			2.1 TITLE <b>ST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Denise Nelson</b> 2.3 STREET ADDRESS <b>444 Ridge Forest Ct</b> 2.4 CITY-ST-ZIP <b>Sanford FL 32771</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

*Thomas B. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas B. Nelson**

**1-21-99**

**407-774-3930**

Date

Daytime Phone #

CR2E034 (11/98)