

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000058670 (9) 1. Corporation Name TIM MOORE PAINTING COMPANY, INC.			
Principal Place of Business		Mailing Address	
6231 NW 4TH AVE BOCA RATON FL 33487 US		6231 NW 4TH AVE. BOCA RATON FL 33487 US	
2. Principal Place of Business		2a. Mailing Address	
21 1400 NE 23 COURT Suite, Apt #, etc: N.A. 22 City & State: Pompano Beach, FL Zip: 33064		26 1400 NE 23 COURT Suite, Apt #, etc: N.A. 27 City & State: Pompano Beach, FL Zip: 33064	
23 Country FLORIDA 24 33064		28 Country FLORIDA 29 33064	
g. Name and Address of Current Registered Agent			
MOORE, TIMOTHY 6231 N.W. 4TH AVE. STE. 200 BOCA RATON FL 33487 1400 NE 23rd COURT Pompano Beach, FL 33064		81 Name MOORE, TIMOTHY 82 Street Address 1400 NE 23rd COURT 83 33064 84 City Pompano Beach, FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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. (NOT: Registered Agent signature required)			
OFFICERS AND DIRECTORS			
12.		13.	
TITLE	D	1.1 TITLE	
NAME	MOORE, TIM	1.2 NAME	
STREET ADDRESS	6231 NW 4TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	MOORE JACKIE	2.2 NAME	
STREET ADDRESS	6231 NW 4TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/18/1993

4. FEI Number **65-0438651**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MOORE, TIMOTHY
(P.O. Box Number is Not Acceptable)
NE 23rd COURT

FL 85 Zip Code **33064**

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

(Shapes are typical of perfect cubes of trees to be applied and filled as applicable.)

(NCH) Registered Agent signature required when reinstating.

[>A]E

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby 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.

SIGNATURE.

changed, or on an attachment with an address

James L. K. Moore

4/14/98

954-781-6040

CR2E034 (10/97)