FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:36

DOCUMENT # **P93000066449 (8)**

1. Corporation Name
FRANK JONES PAINTERS, INC.

Principal Place of Business	Mailing Address
847 GLENWOOD OAKS YULEE FL 32097	847 GLENWOOD OAKS YULEE FL 32097

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21 3698 Glenwood Oaks Ln
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 3698 Glenwood Oaks Ln
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3203513 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD
SUITE 203
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, type or print name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JONES, FRANK	12 NAME	
STREET ADDRESS	847 GLENWOOD OAKS	13 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL 32097	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Frank Jones 1-17-95 904-355-8105
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402071 EP

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FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS

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DOCUMENT # P93000067161 (8)

1. Corporation Name

BILNIS, INC.

Principal Place of Business

2618 EAST ROBINSON ST.
ORLANDO FL 32803
US

Mailing Address

~~6407 DARTMOOR COURT~~
~~ORLANDO FL 32819~~

7663 INTERNATIONAL DR
ORLANDO - FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1993

3a. Date of Last Report: 08/08/1994

2. Principal Place of Business: 21 2618 E. ROBINSON ST

2a. Mailing Address: 26 7663 INTERNATIONAL DR

4. FEI Number: 59-3202968 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.: —

27 Suite, Apt. #, etc.: —

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

23 City & State: ORLANDO · FL

28 City & State: ORLANDO - FL

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip: 32803 25 Country: ORANGE

29 Zip: 32819 30 Country: ORANGE

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~KARIM, BILKIS~~
~~6407 DARTMOOR COURT~~
~~ORLANDO FL 32819~~

10. Name and Address of New Registered Agent

81 Name: ASHIQ ALI

82 Street Address (P.O. Box Number is Not Acceptable): 10540 RAMBLEWOOD RD

83

84 City: ORLANDO FL 85 Zip Code: 32837

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: ASHIQ ALI

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	D	11 TITLE	D	☑ Change ☐ Addition
NAME	~~KARIM, BILKIS~~	12 NAME	ASHIQ ALI	
STREET ADDRESS	~~6407 DARTMOOR COURT~~	13 STREET ADDRESS	10540 RAMBLEWOOD RD	
CITY-ST-ZIP	~~ORLANDO FL~~ 32819	14 CITY-ST-ZIP	ORLANDO - FL 32837	
TITLE		21 TITLE	V. PRESIDENT/SECRETARY	☐ Change ☐ Addition
NAME		22 NAME	NISHA DHANANI	
STREET ADDRESS		23 STREET ADDRESS	8142 CANYON LAKE CIRCLE	
CITY-ST-ZIP		24 CITY-ST-ZIP	ORLANDO - FL 32835.	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] (ASHIQ ALI) 01-09-95 407-363-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001697 CP