


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90061 041 ***150.00

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P93000080506 1. Corporation Name DIDONATO STRIPING & SEALING, INC. | | |



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|---|---|
| Principal Place of Business 1963 PENNSYLVANIA AVENUE ENGLEWOOD FL 34224 | Mailing Address 1963 PENNSYLVANIA AVENUE ENGLEWOOD FL 34224 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 1945 PENNSYLVANIA AVE | | 2a. Mailing Address 26 1945 PENNSYLVANIA AVE | | 3. Date Incorporated or Qualified 11/17/1993 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0454527 | |
| City & State 23 ENGLEWOOD FL | | City & State 28 ENGLEWOOD FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 34224 | | Country 25 CHARLOTTE | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 29 34224 | | Country 30 CHARLOTTE | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ROSILE DOUGLAS P 110 CORPORATION WAY VENICE FL 34292 452 GLEN OAK RD VENICE FL 34293 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 6332 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

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONATO, MICHAEL D | 1.2 NAME | |
| STREET ADDRESS | 1945 PENNSYLVANIA WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Daytime Phone #

CR2E034 (11/98)