FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90056 016 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400004015

1. Corporation Name

PAINT AMERICA, INC.

Mailing Address Principal Place of Business 3669 W. WARBLER STREET 3669 W. WARBLER STREET LECANTO FL 34461 LECANTO FL 34461 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/07/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3223037 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State **Election Campaign Financing** \$5.00 May Be П Added to Fees Trust Fund Contribution 28 23 Country Zip This corporation owes the current year Intangible Country Yes Yes □ No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NYBERG, JAMES R Street Address (P.O. Box Number is Not Acceptable) 82 3669 W. WARBLER STREET LECANTO FL 34461 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 Signature, typed or printed name of registered agent and title if applical ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 117ITLE TITLE Nyberg, Caroline H. NYBERG, CAROLINE H 1.2 NAME NAME 3669 W. WARBLER STREET 1.3 STREET ADDRESS 5ame STREET ADORESS LECANTO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ST D Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE PD Nyberg, James R. NYBERG, JAMES R. 2.2 NAME NAME 3669 W. WARBLER STREET 2.3 STREET ADDRESS STREET ADORESS 5ame LECANTO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

**62 NAME** 

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

照边县 580

理解にいいりは関係

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

☐ Addition

Addition

CR2E034 (11/98)