

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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90130 005 \*\*\*150.00

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1. Corporation Name

NESBITT'S CLEANING AND PAINTING, INCORPORATED



Principal Place of Business

221 PINE WINDS DRIVE  
SANFORD FL 32773

Mailing Address

221 PINE WINDS DRIVE  
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1994

4. FEI Number

59-3244253

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 32301 OKALOOSA Tr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 32301 OKALOOSA Tr.  
Suite, Apt. #, etc.

City & State

23 SORRENTO FL

City & State

28 SORRENTO FL

Zip

24 32776

Country

25 ~~USA~~

Zip

29 32776

Country

30 ~~USA~~

9. Name and Address of Current Registered Agent

NESBITT, JAMES P  
221 PINEWINDS DR  
SUITE 115  
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
32301 OKALOOSA Tr

83

84 City SORRENTO

FL

85 Zip Code

32776

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

*James P. Nesbitt*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
FOSTER, TINA  
STREET ADDRESS 403 VENTURA AVENUE  
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME D  
NESBITT, CAROL J  
STREET ADDRESS 221 PINE WINDS DRIVE  
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ DELETE

NAME P  
NESBITT, JAMES P.  
STREET ADDRESS 221 PINEWINDS DRIVE  
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 32044 OKALOOSA TRAIL  
1.4 CITY-ST-ZIP SORRENTO, FL 32776

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 32301 OKALOOSA TRAIL  
2.4 CITY-ST-ZIP SORRENTO FL 32776

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 32301 OKALOOSA TRAIL  
3.4 CITY-ST-ZIP SORRENTO FL 32776

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

*Carol J. Nesbitt, Carol J. Nesbitt* 2/17/99 352-385-0063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)