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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400031736 (9)

BILL TURNER PAINTING, INC.

Principal Place of Business Mailing Address **6314 TERRA ROSA CIRCLE** 6314 TERRA ROSA CIRCLE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0486292 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 TURNER, WILLIAM T. **6314 TERRA ROSA CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 City 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: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **DPVS** DELETE 1.1 TITLE ☐ Change Addition NAME TURNER, WILLIAM T 1.2 NAME **6314 TERRA ROSA CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition NÁME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TALE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 trusted 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

62 NAME

DELETE