FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000033702 (9)

1. Corporation Name
Sun Coast Painting of Naples, Inc.

Principal Place of Business / Mailing Address
9650 Victoria Lane Unit B-305
Naples, Florida 34109

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 5/1/97

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 65-0483460 — Applied / Not Applicable

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

6. [illegible] Corporate Declaration ☐ — **$5.00** May be Added to Fee

8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

Avi Alias
9630 Victoria Lane Unit #1
Naples, Florida 34109

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 printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D VP ☒ DELETE	1.1 TITLE	VP ☒ Change ☐
NAME	Lewis, Robert G	1.2 NAME	Marante, Omar
STREET ADDRESS	9650 Victoria Lane Unit B-305	1.3 STREET ADDRESS	9650 Victoria Lane Unit B-305
CITY-ST-ZIP	Naples, Florida 34109	1.4 CITY-ST-ZIP	Naples, Florida 34109
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TJ 9/24/97

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14. I do 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; 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: _____ 9/17/97 (941)643-1135