

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000036699 (4)

1. Corporation Name  
REDWINE PAINTING, INC.

Principal Place of Business  
33 NORTH LAKE DR  
SEAGROVE BEACH FL 32459  
US

Mailing Address  
33 NORTH LAKE DR  
SEAGROVE BEACH FL 32459  
US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/16/1994	
4. FEI Number 65-0493916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
GRIFFITH, ROCKY  
118 PALMETTO  
PO BOX 1389  
DESTIN FL 32541

10. Name and Address of New Registered Agent	
81 Name Melaine L. Sprigler, CPA	
82 Street Address (P.O. Box Number is Not Acceptable) 108 B JACKSON'S RUN	
83	
84 City SANTA ROSA BEACH, FL	85 Zip Code 32459

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 Melaine L. Sprigler, CPA (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDWINE, DOYLE G	1.2 NAME	
STREET ADDRESS	122 CIRCLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, CHRISTOPHER B.	2.2 NAME	
STREET ADDRESS	112 CIRCLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAUN, JAMES	3.2 NAME	
STREET ADDRESS	17325 BACK BEACH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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.

SIGNATURE [Signature]

CP2E034 (10/97)