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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043905 (6)

## **FILED** May 07 1998 8:00am Secretary of State

Orinoinal Pla	MIKELL PAINTING, INC.	Mailing Address			
Principal Place of Business  2251 SE 152ND AVE  MORRISTON FL 32668		2251 SE 152ND AVE		1	
		MORRISTON FL 32668			
				DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
				06/08/1994	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3261811	Not Applicabl
Suite, Apt	.#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Collingate of States Desired	Fee Required
City & Sta	lle	City & State		6. Liection Campaign Financing	\$5.00 May Be
Zip	Country	7ŋ)	Country	Trust Fund Contribution	
24]	25	1 1	<del></del>	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	ne current year Intangible ☐ Yes 🐼 No
<u> </u>	9. Name and Address of Curr	29  ent Registered Agent	30	10. Name and Address of New Regist	
RJ	ALZMAN, ANTHONY J	<del>T</del>	81 Name		
	O MOODY SALZMAN & ROBER	rtson	62 Street Add	tress (P.O. Box Number is Not Acceptable)	
	O E UNIVERSITY AVE SUITE A		50 Street And	iress (r.o. box Number is Not Acceptable)	
	AINESVILLE FL 32602-2759		83		
			84 City		85 Zip Code
			0,1		FL   S   Zip Code
agent I	am familiar with, and accept the obt	ligations of, Section 607.0505, Fi	lorida Statutes		
SIGNATURE	Signature, typed is proted name of registered a	uspect and fille of apod callife (NO	Tr. Rogistered Agent sigCalure requ		ATE
SIGNATURE	Signature: Typed to product nation of registered to OFFICERS A	ugest and title of applicable (NO NO DIRECTORS	1) Registered Agent signature requ	oved when renstating) D ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE  12.  Tifle	Signature typed re-product raise of registered to OFFICERS A	uspect and fille of apod callife (NO	11 Hogoshmed Agent signature required 13.		
SIGNATURE 12. TITLE	Signature: Toped by printed rate is at reportment.  OFFICERS A  D  MIKELL, GREG	ugest and title of applicable (NO NO DIRECTORS	11 Registered Agent signature required 13. 11 HTLF 12 NAME		S AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS A  D MIKELL, GREG RT 1 BOX 298 C-27	ugest and title of applicable (NO NO DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS		S AND DIRECTORS IN 12
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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 Larri ar officer or director of the corporation or the receiver or trustice 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 attrictment with an address

95-2-528-45-3

IGNATURE: