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 # 1. Corporation Name P94000053342 (9)

JERRY BONE PAINTING, INC.

FILED

Apr 17 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address		4 (64)(68) (12 10))) graft gg/11 gg/11 gg/12 gg/12	FOLIPO CIESE SELLE SIDER CIPI IODI	
13 FAIRVIEW BLYD. 13 FAIRVIEW I						
	T. MYERS BEACH FL 33931 FT. MYERS BEACH		33931	DO NOT WRITE IN TH	HIS SPACE	
US US		us		3. Date Incorporated or Qualified		
				07/15/1994		
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
211232	DREHID CT.	26 1232 ORG	CHID CT	65-0526981	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt				5. Certificate of Status Desired	\$8.75 Additional	
22 NA	PLES	27 NANES		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	-LORIDA	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Dictables	Country	8. This corporation owes or has paid the		
24 341		29 34410	30 Collier	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
	9. Name and Address of Current	Hegisterea Agent	81 Name <		en whelir	
HEIST, H. ANTHUNY				JERRY BONG		
1661 ESTERO BLVD., SUITE 20				ress (P.O. Box Number is Not Acceptable)		
FT. MYERS BEACH FL 33932						
			NA1	" NAPLES		
			84 City		85 Zip Code	
		1007 4000 Ft. 11. 1			FL 34110	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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	- June Bone		OTC P	<i>H</i>][' ["] 0	
12.	Signature, typiod or printed printe of registered agent		OTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE		Change Addition	
NAME	I I	004411 0 0 77	1.2 NAME			
STREET ADDRESS	LARPHINGER ADA	ORCHIO CT	1.3 STREET ADDRESS			
CITY-ST-ZIP	PT: MYERS BEACH FL. 1UA	PLES, FI	1.4 CITY-ST-ZIP			
TITLE	111111111111111111111111111111111111111	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
0111-01-21	L <u>_</u>		0.4 OH 1 31-EH	Castley 110 07/2/0) Florida Ctatutos Liuriba		

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 informatic 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.

11-11-08 041-514-2480