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Mailing Address

P.O. BOX 681747

ORLANDO FL 32868

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065418 (3)

C.E.S. PAINTING, INC.

FIELDS, CHARLIE

ORLANDO FL

7215 WOODHILL PARK DRIVE

Principal Place of Business

6723 LIMPKIN DRIVE

ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3268602 Not Applicable 21 Suite, Apt. #, etc Suite, Apt #, etc \$8,75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SPRUILL, NAOMI **6723 LIMPKIN DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 84 Zip Code City 85 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 Horida. 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, typoctor profest more of recestored agent and the if apple able (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELFTE Change 1 1 TITLE Chairman Director TITLE SPRUILL, NAOMI Spruill Sri Limplein Drive 12 NAME NAME 6723 LIMPKIN DRIVE 1.3 STREET ADDRESS Orlando, Fra. Secretar STREET ADDRESS ORLANDO FL 32810 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE THLE 2.1 TITLE

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4.1 TITLE

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52 NAME

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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 13 if chapted, or on an attachment with an address.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP

Mrs. Naomi Spruiti 8723 Limpkin Dr.

Felicia Muric

Fla. 32808

5060 North

Addition

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FILED

Mar 19 1998 8:00am

Secretary of State