

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000073974 (5)**  
1. Corporation Name

**ABOVE ALL PAINTING AND PRESSURE CLEANING INC.**



Principal Place of Business

Mailing Address

**14901 SUNSET STREET, #C  
CLEARWATER FL 34620**

**14901 SUNSET STREET, #C  
CLEARWATER FL 34620**

3. Date Incorporated or Qualified

**10/03/1994**

3a. Date of Last Report

**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

**21 2963 N Carolwood Pt**

**25 2963 N Carolwood Pt.**

4. FEI Number

**59-3279337**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**TEAGUE, DONALD  
14901 SUNSET STREET, #C  
CLEARWATER FL 34620**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**2963 N Carolwood Pt.**

83.

84. City

**Hernando**

**FL**

85. Zip Code

**34442**

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

Signature typed or printed in ink of registered agent and title, if applicable

(If 015 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	TEAGUE, DONALD	14901 SUNSET STREET, #C	CLEARWATER FL 34620	<input type="checkbox"/>
S	TEAGUE, DEMERISE	14901 SUNSET STREET, #C	CLEARWATER FL 34620	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
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**2963 N Carolwood Pt  
Hernando, FL 34442**

**2963 N Carolwood Pt.  
Hernando, FL 34442**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

**Donald S. Teague**

**7-17-96**

**726-8245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR