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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000084343

1. Corporation Name

MCNEAL PAINTING, INC.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90047 030 \*\*\*150.00

|   | .,  |  |             |                      |  |                          |                 |
|---|---|--|-------------|----------------------|--|--------------------------|-----------------|
| Principal Place of Business Mailing Address |   |  |             |                      | ( ) = 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  | 1181 tātii 61862 tilli 6 | 11404 /11/ 140/ |
| 835 96TH STREET, OCEAN 835 96TH STREET, OCE |   | 835 96TH STREET. OCEAN                         |             |                      |  |                          |                 |
| MARATHON FL 33050 MARATHON FL 33050         |   |  |             |                      | DO NOT WRITE IN TH   | HIS SPACE                |                 |
|   |   |  |             |                      | 3. Date Incorporated or Qualifed                             |                          |                 |
|   |   |  |             |                      | 11/16/1994   |                          |                 |
| 2. Principal Pl                             | ace of Business   | 2a. Mailing Address                            |             |                      | 4. FEI Number  | Apr                      | olied For       |
| 21 26 26                                    |   |  |             |                      | 65-0541447   | Not                      | Applicable      |
| Suite, Apt. #, etc. Suite, Apt. #, etc.     |   |  |             |                      | 5. Certificate of Status Desired                             | \$8.75 A                 |                 |
| 27  |   |  |             | <u> </u>             | J. Certificate of Status Desired                             | Fee Rec                  | quired          |
| City & State City & State                   |   |  |             |                      | 6. Election Campaign Financing                               | \$5.00                   | - 1             |
| 23  |   |  |             |                      | Trust Fund Contribution                                      | Added to                 | Fees            |
| Zip   |   |  |             |                      | 8. This corporation owes the current year                    |                          | □No             |
| 24  | [25]  | 29 3   | 0           |                      | Personal Property Tax.  10. Name and Address of New Register |                          |                 |
|   | 9. Name and Address of Current  | Registered Agent                               | 81          | Name                 | to. Name and Address of New Negister                         | eu Agent                 |                 |
| WRIG  | GHT, THOMAS D   | и.   |             |                      |  |                          |                 |
|   | OVERSEAS HIGHWAY 97   | 111 Overseas Hwy.                              | 82          | Street Add           | ress (P.O. Box Number is Not Acceptable)                     |                          | j               |
|   | E R FEE   | 1/1 Overseas Hwy.<br>luila 5<br>raThm FL 33057 | 83          |                      |  | <del></del>              |                 |
|   | ATHON FL 33050  | th . E/ 23457                                  | ) [         |                      |  |                          |                 |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | ///   | 14 [11/1 ] LU 2000                             | 84          | City                 | F  | <b>85</b> Zip C          | Code            |
| 11 Dureyant                                 | to the provisions of Sections 607 0502  | 2 and 607 1508 Florida Statutes                | the above   | e-named corr         | poration submits this statement for the purpose              | of changing its          | registered      |
| office or r                                 | egistered agent, or both, in the State of<br>m familiar with, and accept the obligat                                | of Florida. Such change was auti               | norized by  | the corporati        | on's board of directors. I hereby accept the ap              | pointment as reg         | gistered        |
| SIGNATURE                                   |   |  |             |                      | ad when reinstating) DATE                                    |                          | }               |
| 12.   | Signature, typed or printed name of registered agent and title if applicable (NOTE: Register OFFICERS AND DIRECTORS |  |             | nt signature require | ADDITIONS/CHANGES TO OFFICERS                                |                          | RS IN 12        |
| TITLE                                       | PD OFFICERS AND   | DELETE   | 1.1 TITLE   |                      |  | ☐ Change                 | ☐ Addition      |
| NAME  | MCNEAL, JOSEPH C  | _  | 12 NAME     |                      |  |                          |                 |
| STREET ADDRESS                              | - · · ·   |  |             | T ADDRESS            |  |                          |                 |
|   |   |  | 1.4 CITY-S  |                      |  |                          |                 |
| CITY-ST-ZIP<br>TITLE                        | STD   | ☐ DÉLETE                                       | 2.1 TITLE   |                      |  | Change                   | Addition        |
| NAME  | MCNEAL, SANDRA V  |  | 2.2 NAME    |                      | •  |                          |                 |
| STREET ADDRESS                              | AND AND STREET ACCEAN   |  | 2.3 STREE   | T ADDRESS            |  |                          | į               |
| CITY-ST-ZIP                                 |   |  | 2.4 CITY-5  | ST-ZIP               |  |                          |                 |
| TITLE                                       | V   | ☐ DELETE                                       | 3.1 TITLE   |                      |  | ☐ Change                 | ☐ Addition      |
| NAME  | VALLANDINGHAM, JOHN F.  | LLANDINGHAM, JOHN F.                           |             |                      |  |                          | }               |
| STREET ADDRESS                              | · · · · · · · · · · · · · · · · · · ·   |  | 3.3 STREE   | T ADDRESS            |  |                          |                 |
| CITY-ST-ZIP                                 | 1111 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |  | 3.4. CITY-5 | ST-ZIP               |  |                          |                 |
| TITLE                                       |   |  | 4.1 TITLE   |                      | ·  | ☐ Change                 | ☐ Addition      |
| NAME  |   |  | 4. 2 NAME   |                      |  |                          |                 |
| STREET ADDRESS                              |   |  | 4.3 STREE   | T ADDRESS            |  |                          | . }             |
| CITY-ST-ZIP                                 |   |  | 4.4 CITY- S | T-ZIP                |  |                          |                 |
| TITLE                                       |   | ☐ DELETE                                       | 5.1 TITLE   | ĺ                    |  | Change                   | Addition        |
| NAME  |   |  | 5.2 NAME    |                      |  |                          | }               |
| STREET ADDRESS                              |   |  |             | TADDRESS             |  |                          | i               |
| CITY-ST-ZIP                                 |   |  | 5.4 CITY-S  | T-ZIP                |  |                          |                 |
| TITLE                                       |   | ☐ DELETE                                       | 6.1 TITLE   | -                    |  | Change                   | ☐ Addition I    |
| l   | İ   |  | 6.2 NAME    | 1                    |  |                          |                 |

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE: Sandra V. Mc New