FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	AL REPORT	PORT Secretary of State		State	ONS			
DOCUN 1. Corporation	Name	0000603	89 (8)					
BILL SC	OLL PAINTING, INC.							
Principal Pace of Business Mailing Address 4616 SKYLINE BLVD. 4616 SKYLINE BL SUITE 208 SUITE 208 CAPE CORAL FL 33919 CAPE CORAL FL			INE BLVD.					
						 Date Incorporated or Qualified 01/24/1995 	3a. Date of Last R	ieport
2. Principal Pla 21	ce of Business	2a. Mailing A	ddress			4. FEI Number 59 - 32 90 3 40		Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Ap	t.#.etc.			5. Certificate of Status Desired	,	Additional Required
City & State		City & St	ate			Election Campaign Financing Trust Fund Contribution		May Be
Zipi 24	Country 25	Zip 29	30	Country	y	8. This corporation has liability for Florida Statutes Yes	intangible tax under s	
	9. Name and Address of C	urrent Registered Age	ent	81	1	10. Name and Address of New F	Registered Agent	
SOLL, BILL 4616 SKYLINE BLVD.				82	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dress (P.O. Box Number is Not Acceptab	ole)	
SUITE 208 CAPE CORAL FL 33919				83	i			
UAPE U	DUME LE 32818			84	City		FL 85 Z	p Code
11. Pursuant to or registere	o the provisions of Sections 607 ad agent, or both, in the State o	.0502 and 607.1508, Fit f Florida. Such change v	orida Statutes, th	e above- the corp	named corporation's bo	pration submits this statement for the pu and of directors. I hereby accept the app		registered office
fami⊮ar witl SIGNATURE	h, and accept the obligations of	, Section 607.0505, Flor	ida Statutes.	10	1.00	,	//	21,1896
	Signature, typed or printed name of registers		(NOTE: Re	stered Age	nt signaturu requi	red when reinslating)	DATE	
12.	OFFICER OFFICER	S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF		
TIPLE NAME	SOLL, WILLIAM P JR.	U	OELETE	1. 1 TITLE			☐ Change	☐ Addition
STELL LADURESS	4616 SKYLINE BLVD., S	UITE 208		12 NAME	T ADDRESS			
CHY-ST-ZIP	CAPE CORAL FL 33914			1.4 C(TY-)				
Taff E	D		DELFTE	2 1 TITLE			Change	Addition
NAM(SOLL, CHARLOTTE			2 2 NAME				_
STREET ADORESS	4616 SKYLINE BLVD., S			2 3 STREE	T ADDRESS			
CHTY ST ZIP	CAPE CORAL FL 33914			2.4 CITY-	ST-ZIP			
THILE			DELETE	3 1 TITLE			☐ Change	Addition
NAM'E				3 2 NAME	- 1			
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIF			DELETE	3 4 C(TY-)			C) 05	Fig. Address
TITLE NISBRE		LJ	prett	4 1 TITLE	1		Change .	☐ Addition
NAME STREET ADDRESS				42 NAME	T ADDRESS			
CITY - ST. ZIF				4.3 STREE				
THLE		П	DELETE	5 1 TITLE			☐ Change	Addition
NAME		_		5 2 NAME	- 1		_ ,	
S ROLL ADDRESS					T ADDRESS			
City - St - Zif				5.4 CiTY-	ST - ZIP			
TIFLE			DELETE	6 1 TITLE			☐ Change	Addition
NAME				62 NAME				

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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST-ZIE

pn 21, 1896 (941) 542-1306

CR2E034 (12/95)