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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500006039

BILL SOLL PAINTING, INC.

Principal Place	of Business	Mailing Address				-	RLIC MAILL MACL MASIC	/ EBI(8 BI(1) 84188	HILL ISH HEST
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CAPE CORAL FL 33919 CAPE CORAL FL 3			. 33919			. DO NOT	WRITE IN THE	S SPACE	·
						3. Date incorporated or Qua	lifed		
						01/24/1995			•
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				59-3290340		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22	·	27				5. Certificate of Status Desir	ed 🛚	Fee Rec	quired
City & State		City & State	City & State			6. Election Campaign Finan	cing _	\$5.00	vlav Be
23		28	¬ •			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the	e current vear Ir	ntangible	
24	25	29	30			Personal Property Tax.			□No
24	9. Name and Address of Current				-	10. Name and Address of N	lew Registered	d Agent	
-				81 N	lame				
SOL	RILL							-	
4616	SKYLINE BLVD.		82 Street Add			tress (P.O. Box Number is Not Acceptable)			
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CAS agent Lar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of marking with, and accept the obligations.	oy tne	corporation	n's board of directors. I hereby	accept the appo	ointment as reg	istered		
SIGNATURE							· .		· · · · ·
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		1 Agent sig	nature required	when reinstating),	DATE	ND DIDECTOR	
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

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DELETE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90046 028 ***150.00

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