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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022428 (3)

ICON PAINTERS, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



18416 SW 58 ARCHER FL 3 US			DO NOT WRITE IN THIS	SPACE
			3. Date incorporated or Qualified 03/20/1995	
2. Principal Pl	ace of Business 2a. Mailing Address	-1 -11 4	4. FEI Number	Applied For
21 133°		ebraska Ave	59-3307199	Not Applicable
Suite, Apt.	sino, Apr W, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	n Harbor, FL. 28 Palm Ho	Mor. Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 346	83 25 US 20 341083	30 US	<u> </u>	Yes 🔲 No
	9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
HANDTE, JOHN 16416 SW 59TH AVE. ARCHER FL 32618  81 Name Barry Gardne.  62 Street Address (P.O. Box Number is Not Acceptable) AVE  63 City Clearwates  64 City Clearwates  65 Zin Code  66 Zin Code  67 Street Address (P.O. Box Number is Not Acceptable) AVE  68 Street Address (P.O. Box Number is Not Acceptable) AVE  69 Street Address (P.O. Box Number is Not Acceptable) AVE  69 Street Address (P.O. Box Number is Not Acceptable) AVE				
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or tools, in this 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 Specific action of trapellined appealant the obligation of the purpose of changing its registered agent signature required when reinstating.  DAY  DAY  DAY  DAY  DAY  DAY  DAY  DA				
12.	Signess of specification to the of registered agrees with the of apply white (NOTE OF IS AND DIRECTORS)	Regigiered Agent signature requires  13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP DELETE	11 TITLE	ADDITIONAL TO OFFICE AND	Change Addition
NAME	HANDTE, JOHN	1.2 NAME	`	, ,
STREET ADDRESS	16418 SW 59TH AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL 32618	LACITY OF 71D		
TIFLE	VP DELETE	2 1 TITLE	Pres. Hardner, Barry 319 Orangeview Ave. Clearwatzi, El. 3375	Change Addition
NAME .	Gardner, Barry D	22 NAME G	hardner, Barry	
STREET ADDRESS	319 ORANGEVIEW AVE.	2.3 STREET ADDRESS	319 Orangeview AVR.	
CITY-ST-ZIP	CLEARWATER FL 34815	2 4 CITY - ST- ZIP	319 Orangeview HVR. Slearwatzi, FC. 3375 Vice Pres	<b>.</b> 5
TITLE	T DELETE	3 1 TITLE	Vice Pres'	Change Addition
NAME	ALLSUP, TONY	32 NAME A	HISUP, Tone, no	
STREET ADDRESS	319 ORANGEVIEW AVE.	3 3 STREET ADDRESS 5	19 orangeview AVR.	
CITY-ST-ZIP	CLEARWATER FL 34615	34 CITY ST-7IP	learwated, PL. 34615	To observe To Addition
TITLE	L Office	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City - ST - ZiP		
TITLE	DELETE	5 1 TITLE		Change Addition
KAME	<del>_</del>	5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		İ
TITLE	DELETE	6 1 TITLE		Change Addition
HAME		6.2 NAME		}
STREET ADDRESS		6 3 STREET ADDRESS		j
CMY-ST-ZIP		6 4 CHY-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.				