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 # P95000036180 (4)

Feb 20 1998 8:00am Secretary of State

EMING	Professional Painting		Ċ.			
Principal Place	of Business	Mailing Address			a sobermat tim (mint dente Anter Antel Anner Rat	INN TITTE NITHE TENNE TOTAL TOTAL TAND
4230 BERKSHIRE DR SARASOTA FL 34241		4230 BERKSHIRE DR SARASOTA FL 34241		DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualified	THO OF ACE
					05/02/1995	
2. Principal Pla	nce of Business	2a. Mailing Addres			4. FEI Number	Applied For
21		26	•		65-0576055	Not Applicable
Suite, Apt. #	etc	Suite, Apt. #, e	tc.			CO 75 Automot
22	,	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip		Country	8. This corporation owes or has paid th	
24	25	29	30	·	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		100		10, Name and Address of New Registe	
EWI	NG, BRUCE D			81 Name		
				00 00 01 4 4	45 O B N	
4230 be rkshire dr Suite 9				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34241			83		
OAN	AGUIA FE GAZAT					
				84 City		FL 85 Zip Code
11 Purcuant to	the provisions of Sections 607 05	02 and 607 1508. Fiorida	Statutes the	a shove-named cor		
	eletered agent or best in the Chat	oz ana ooi . 1000, i londa		o abovo-riginiou con		ac of changing to registered
office or reg	gistered agent, or both, in the State	e of Florida. Such change	was authori	ized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
office or re- agent. I am	gistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change pations of, Section 607.05	was authori 05, Florida S	ized by the corpora Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE _						
SIGNATURE s	ilgnature, typed or printed name of registered ag		(NOTE Regist	ized by the corporal statutes. tered Agent signature requi	uired when reinstating) DA	ATE
SIGNATURE _	Ignature, typed or printed name of registered ag OFFICERS AN	pent and little if applicable	(NOTE Regist	tered Agent signature requ		ATE
SIGNATURE S	Ignature, typed or printed name of registered ag OFFICERS AN	pent and little if applicable	(NOTE Regist	tered Agent signature requ	uired when reinstating) DA	ATE AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stead 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.

941-371-2266