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 # **P95000038412**1. Corporation Name

J & M HOME IMPROVEMENTS, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90053 013 ***150.00



Principal Place	of Business	Ма	ailing Address							
15268 VALARIE	COURT	15	268 VALARIE COURT							
BROOKSVILLE FL 34613-6048			BROOKSVILLE FL 34613-6048				. DO NOT WRITE	IN THIS SE	PACE	
							3. Date Incorporated or Qualifed			
							05/15/1995]
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Ap	plied For
<u> </u>			26				59-3313195		No	ot Applicable
Suite, Apt. #, etc.		1201	Suite, Apt. #, etc.							Additional
22		27	¬ ''				5. Certifcate of Status Desired		Fee Re	equired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23							Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	 	Zip	Cot	ıntry		8. This corporation owes the current	nt year Intan	gible	
24	25	29		30			. Personal Property Tax.		Yes	XNo
	9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Re	gistered Ag	ent	
					81	Name				
PAINO, MARIA C				82 Street Address (P.O. Box Number is Not Acceptable)			le)			
15268 VALARIE COURT BROOKSVILLE FL 34613-6048					83					
DRO	ONOTICE I E OTOTO OUTO						4.5-7	·	05 7:	Code
					84	City		FL		1
11. Pursuant t	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the a	bove	e-named co	proporation submits this statement for the p	urpose of ch	anging its	registered
	egistered agent, or both, in the State on m familiar with, and accept the obligation						ation's board of directors. I hereby accept	шв арропш	ilein as ic	giatorou
_	in lamilla, with, and docopt the obligation	00 0.	, 200							1
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE	Registere	d Agen	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF			
TITLE	D		☐ DELETE	1.1 T	ITLE				Change	☐ Addition
NAME	PAINO, MARIA C			1.2 N	AME					ļ
STREET ADDRESS	15268 VALARIE COURT			1.3 5	TREE	TADORESS				ļ
CITY-ST-ZIP	BROOKSVILLE FL 34613-6048			1.4 0	ITY-S	T-ZIP				
TITLE	D		☐ DELETE	2.1 T	ΠE			;	Change	Addition
NAME	PAINO, JOSEPH JR.			2.2 N	IAME		•			
STREET ADDRESS	15268 VALARIE COURT			2.3 5	TREE	T ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34613-6048			2.4	CITY-S	ST-ZIP		1	<u> </u>	
TITLE			☐ DELETE	3.1 T	TLE				Change	☐ Addition
NAME				3.2 1	IAME					Ì
STREET ADDRESS				3.3 9	TREE	T ADDRESS				
CITY-ST-ZIP				3.4.	CITY-5	ST-ZIP				
TITLE			☐ DELETE	4.11	TTLE				☐ Change	☐ Addition
NAME				4. 2	NAME					}
STREET ADDRESS				4.3 \$	TREE	TADORESS	·			
CITY-ST-ZIP				4.4 (CITY-S	T-ZIP				
TITLE			☐ DELETE	5.17	MLE				Change	☐ Addition
NAME				5.21	NAME		•			
STREET ADDRESS				5.3 5	STREE	T ADDRESS				
CITY-ST-ZIP				5.4 (CITY-S	iT-ZIP		·•		
TITLE			☐ DELETE	6.1	TTLE				Change	. Addition
NAME				6.21	VAME					
STREET ADDRESS				6.3 9	STREE	T ADORESS				
CITY OT 7/D				6.4	CITY-S	T-ZIP				ļ

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 suppliemental 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.

SIGNATURE:

ICER OR DIRECTOR