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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038749 (4)

DYAL PAINTING CONTRACTORS, INC.

Principal Place of Business Mailing Address							1 100 100 110 151E 3 101 1 141 1 011 1 05	<u> </u>			
4612 LEWIS AV SEBRING FL 33			4612 LEWIS AVENUE SEBRING FL 33872-5139								
							3. Date Incorporated or Qualified 05/15/1995	3a. Date of 03/13/11		port	
	lace of Business	2a. Mailing Add	ress LEWIS	A.J., It	سے ا		4. FEI Number			olied For	
21 4307 Suite, Apt.	Lewis Avenue	26 4-30 Suite, Apt #		HENV	16		65-0619376	60		Applicable	
22		27	Conta, Apr. 11, etc.				5. Certificate of Status Desired	T -	Fee Rec	dditional ouired	
City & State)	City & State	<u> </u>				6. Election Campaign Financing		5.00		
23		28					Trust Fund Contribution		Added to		
Zip	Country	Zıp		Country			8. This corporation has liability for	intangible tax u	nder s.	199.032,	
24	25	29	30					Yes No			
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Ro	egistered Agen			
DYAL, DONALD O				01	ivame						
4612 LEWIS AVENUE SEBRING FL 33872				82 Street Address (F			s (P.O. Box Number is Not Accepta	ble)			
SEBI	RING FL 338/2			83							
				84	City			FL 85	Zip C	ode	
office or r agent I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig Signation, typics or printed name of registered ag	of Florida. Such charations of, Section 607	nge was autho '.0505, Florida	orized by a Statutes	the corp 3.	poration	ation submits this statement for the 's board of directors. I hereby acce when reinstating)	purpose of char pt the appointm	ging its ent as r	registered egistered	
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI		CTORS	3 IN 12	
TOLE	P	D	ELETE	1.1 TITLE		DDE	OTDDIM	XII o	hange	Addition	
NAME	DYAL, BENNY O			1.2 NAME			SIDENT				
STREET ADDRESS	4612 LEWIS AVENUE			1.3 STREET	ADDRESS		L, BENNY O LA	KE CITY	. FT.		
CITY-ST-ZIP	SEBRING FL 33872	******		1.4 City - \$	T-ZIP	RT.	14- BOX 486 Dr	32024	,. D		
TITLE	ST		ELETE	21 TITLE		ST		X 0	hange	Addition	
NAME	DYAL, EVELYN G			2.2 NAME			,EVELYN G				
STREET ADDRESS	4612 LEWIS AVENUE			2.3 STREET	1	RT.	14-BOX 486				
CITY-ST ZIP	SEBRING FL 33872		ELETE	2 4 City-5	ST-ZIP		E CITY, FL. 320	<u> 24 - </u>	banga	Addition	
TIFLE	V DYAL, DONALD O	LJ 1	CLCIC	3.1 TITLE		VP			:សាម្រូម	Manifou	
NAME STREET ADDRESS	4812 LEWIS AVENUE			3.2 NAME 3.3 STREET	Annorce	DYA	L,DONALD O				
CHY-ST-782	SEBRING FL 33872			3.4. CITY-5			7 LEWIS AVE.				
TIME			ELETE	4.1 TITLE	/· &II	العد	RING, FL. 33872	c	hange	Addition	
NAME				4. 2 NAME					-	•	
STREET ADORESS				4.3 STREET	ADDRESS						
C(TY+ST+Z)P				4.4 CITY - S	7 - ZIP						
Title			ELETE	5.1 TITLE					hange	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CHY-ST-7/P		······································		5.4 CITY - S	T-ZIP	, <u>.</u>					
TITLE			ELETE	6.1 TITLE				□ c	nange	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						
CITY+ST+7IP				6.4 CITY - S	T-21P	l					

14. I do 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 of changed or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR DINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

FILED

Apr 01 1997 8:00am

Secretary of State

941-385-2171

RSE034 (9/96)