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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90025 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048409

1. Corporation Name

BOB HOENINGHAUSEN PAINTING, INC.

Principal Place of Business

2422 N. WESTWOOD DR.
N. FORT MYERS FL 33917

Mailing Address

2422 N. WESTWOOD DR.
N. FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0599548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

Zip

Country

4001 SANTA BARBARA BLVD

#306

NAPLES, FL

34104

9. Name and Address of Current Registered Agent

ACCOUNTING OFFICE SERVICES INC.
KIM ATON
2272 AIRPORT RD. S., SUITE 209
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name ACCOUNTANT OFF. SVCS., INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4001 SANTA BARBARA BLVD, #306

83

84 City NAPLES

FL

85 Zip Code 34104

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME HOENINGHAUSEN, ROBERT D
STREET ADDRESS 2422 N. WESTWOOD DR.
CITY-ST-ZIP N. FORT MYERS FL 33917

☐ DELETE

TITLE S
NAME NUNEMAKER, JAMES R
STREET ADDRESS 2422 N. WESTWOOD DR.
CITY-ST-ZIP N. FORT MYERS FL 33917

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME Dawn K Hoeninghausen
1.3 STREET ADDRESS 2422 N. Westwood Dr.
1.4 CITY-ST-ZIP N. Ft. Myers FL 33917

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

001 5435502

Daytime Phone #

CR2E034 (11/98)