

4-16-98 B. 4876 -C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000052289 (2)

1. Corporation Name

ACCU-PAINTING, INC.

Principal Place of Business

Mailing Address

7671 INDIAN RIDGE TRAIL S  
KISSIMMEE FL 34747

7671 INDIAN RIDGE TRAIL S  
KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

65-0595386

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

21	645 4th St.
22	Suite, Apt. #, etc.
23	Clermont, FL
24	34711-2203

25	645 4th St.
26	Suite, Apt. #, etc.
27	Clermont, FL
28	34711-2203

9. Name and Address of Current Registered Agent

KOTOWICZ, EDWARD  
7671 INDIAN RIDGE TRAIL S  
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	Clermont
85	FL
86	Zip Code
87	34711-2203

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



EDWARD KOTOWICZ

4/11/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOTOWICZ, MARIA	
STREET ADDRESS	7671 INDIAN RIDGE TRAIL S.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KOTOWICZ, EDWARD	
STREET ADDRESS	7671 INDIAN RIDGE TRAIL S.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOTOWICZ, JOANNE	
STREET ADDRESS	7128 SPANISH MOSS LANE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	645 4th St.
1.4 CITY-ST-ZIP	Clermont, FL 34711-2203
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	645 4TH ST.
2.4 CITY-ST-ZIP	CLERMONT, FL 34711-2203
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: 

EDWARD KOTOWICZ

4/11/98

(352)

394-0010

CR2E034 (10/97)