## 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 # P95000056664 (2)

VIC'S PAINTING OF ORLANDO, INC.

<u></u>		· · · · · · · · · · · · · · · · · · ·						-				
Principal Place of Business Mailing Address									ini while die i	jotul dilij Bi	.crd	4181 (88)
7111 GRAND NATIONAL DRIVE				12670 NEW BRITTANY BLVD.								
SUITE 101				SUITE 101								
Orlaando fl	32819		FOR	F MYERS FL 33907-3	650					T		
								3. Date incorporated or 07/21/1995	Qualified		e of Last F <b>1/1996</b>	leport
2. Principal Place of Business			2a.	2a. Malling Address				4. FEI Number			A	oplied For
21			26	4 — - · · · · · · · · · · · · · · · · · ·				59-3325617				
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status D	lecired			Additional
22				27				Fee Required				
City & State				City & State				6. Election Campaign Financing \$5.00 May Bo				
23			28					Trust Fund Contribution Added to Fees				
Zip	Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29					Florida Statutes Yes No				
		d Address of Curre	nt Registe	ered Agent		21777		10. Name and Address (	of New Reg	istered A	gent	
	STON, ROBER				8	1 Na	ame					
12670 NEW BRITTANY BLVD.				<b>82</b> St			rect Addre	Address (P.O. Box Number is Not Acceptable)				
SUITE 101				32 31131						-,		
FORT MYERS FL 33907					6	3						
						4 Cit					1661 2	C- 4.
					6	4 Cit	ıy		•	FL	<b>85</b> Zip	Code
11. Pursuant	to the provision	s of Sections 607.05	02 and 60	7.1508, Florida Stati	ites, the abo	ve-nar	med corpo	ration submits this statemer	nt for the pu		changing i	ts registered
office or r	registered agenl am familiar with	t, or both, in the State	e of Florida nations of	a. Such change was Section 607 0505 F	authorized I	oy the	corporatio	ration submits this stateme n's board of directors, t her	reby accep	t the appo	intment as	registered
	ann tarringar vitter,	and accept the oblig	gattoris or,	0000011007,0000,1	ionda otatot	03.						
\$IGNATURE	Signature, typed or p	critical name of registered ag	ent and Ide K	applicable (NC	TE Hogistered A	geni sigi	nature required	whore reinstating)		DATE		
12.		OFFICERS AN	ID DIRECT	IORS	13.			ADDITIONS/CHANGES	TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PD			☐ DELETE	1.1 TITLE		T 1				Change	Addition
NAME	HEIN, VICTO	)R J			1.2 NAM							
STREET ADDRESS 5420 DIVISION DRIVE					1.3 STRE	ET ADDR	RESS					
CITY-ST-ZIP	FORT MYER	S FL 33905			1.4 CITY							
TITLE	S			DELETE	2.1 TITLE			only	· · · · · · · · · · · · · · · · · · ·		X Change	Addition
NAME	ELLISON, JO	OHN			2.2 NAM		' -	01		•		
STREET ADDRESS 7111 GRAND NATIONAL DR. ST			STF 101		2.3 \$18E		NECC.					
ADJANDA PLANAM												
CITY-ST-ZIP TITLE	T T			DELETE	2. 4 CITY 3.1 TITLE						Change	X Addition
NAME	LAFATA, MIC	CHAFI		C_) DULLIE			s		•	ι	Unanyo	WI WOULDIN
	TALL OR LUC MATIONAL DO OF				3.2 NAM							į
ANIANDA PLAMA					3.3 STRE							i
CITY-ST-ZIP	CIDAIDO I			DELETE	3.4. CITY						Chance	6.4400
TITLE				ר"ו מבנוב	4.1 TITLE					L	Change	Addition
NAME					4. 2 NAM							
STREET ADDRESS					4.3 STRE	et addr	RESS					
CITY-ST-ZIP					4.4 CHY						<del></del>	
TITLE				DELETE	5.1 TITLE					L	] Change	☐ Addition
NAME	ĺ				5.2 NAMI							
STREET ADDRESS					5.3 STRE	E1 ADOR	RESS					
CITY-ST-ZIP					5.4 C(1)	ST-ZIP						
TITLE				DELETE	6.1 TITLE						Change	Addition
NAME					6.2 NAM							
STREET ADDRESS					6.3 STRE	ET ADDR	IESS					

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 logal 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.

6.4 CITY-\$1-ZIP

pe. 11153

FILED Apr 29 1997 8:00am Secretary of State

