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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90022 013 ***165.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000057518

1. Corporation Name

ALL-BRIGHT PAINTING AND WALLCOVERING, INC.

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|---|---|
| Principal Place of Business 6365 BAHIA DEL MAR BLVD. UNIT 216J ST. PETERSBURG FL 33715 US | Mailing Address 6365 BAHIA DEL MAR BLVD. UNIT 216J ST. PETERSBURG FL 33715 US |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1995

| | |
|---|--|
| 2. Principal Place of Business 21 6210 SUN BLVD Suite, Apt. #, etc. 22 # 408 City & State 23 St Petersburg FL Zip 24 33715 | 2a. Mailing Address 26 6210 SUN BLVD Suite, Apt. #, etc. 27 # 408 City & State 28 St Petersburg FL Zip 29 33715 |
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4. FEI Number
59-3373124

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

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| 9. Name and Address of Current Registered Agent MCLAREN, HENRY HAY 6365 BAHIA DEL MAR BLVD. UNIT 216J ST. PETERSBURG FL 33715 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State 85 Zip Code |
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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 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)