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**

DOCUMENT # P95000057518

1. Corporation Name

ALL-BRIGHT PAINTING AND WALLCOVERING, INC.

Principal Place	e of Business	Mailing Address		אוושם מומם זוופס וווזם ופוטו פוו נססוגתטו ו	יקטר וישו 1803 וקיות וסכטי וויות וקוקה
6365 BAHIA DE	L MAR BLVD.	6365 BAHIA DEL MAR BLVD.			
UNIT 216J UNIT 216J					
ST. PETERBURG FL 33715 ST. PETERBURG FL 33715				DO NOT WRITE IN THIS SPACE	
U\$		U\$		3. Date Incorporated or Qualifed	
			· · · · · · · · · · · · · · · · · · ·	07/25/1995	
	Place of Business	2a. Mailing Address	BLVD	4. FEI Number 59-3373124	Applied For Not Applicable
Suite, Apt.	— — ,	Suite, Apt. #, etc.		00 0010124	\$8.75 Additional
22 # 4		27 # 408		5. Certificate of Status Desired	Fee Required
City & Stat	Storbus FL	City & State Sr Pot Asbus	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24	25 V.S.	29 33715 3	¬ : ₹ .C	Personal Property Tax.	☐Yes ☐No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registe	ered Agent
AND ADDRESS SERVICES			81 Name	MELARON HENRY H	94
MCLAREN, HENRY HAY				Address (P.O. Box Number is Not Acceptable)	lioC
6365 BAHIA DEL MAR BLVD.				210 SUN BLVD A	408
UNIT 216J ST. PETERSBURG FL 33715			83	r Patersburg	
51.1	PETERODURG PL 337 13		84 City	·	85 Zip Code
					FL] <u>3 5 // 3</u>
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					
			egistered Agent signature i	equired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	
12.	PD OFFICERS AND	DELETE	13.	PD ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	, -	□ DELETE		MCLAREN HENRY H.	
NAME	MCLAREN, HENRY H	T 0401	1.2 NAME	6210 SUN BLUD #408	Address
STREET ADDRESS	6365 BAHIA DEL MAR BLVD UN	11 2100	1.3 STREET ADDRESS	St Patersburg FL 3371	
CITY-ST-ZIP	ST. PETERSBURG FL				1 - 1
TITLE		[] DELETE	1.4 CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5
	VD	☐ DELETE	2.1 TITLE	VD	S Change Addition
NAME '	MCLAREN, GARY H		2.1 TITLE 2.2 NAME	VD MC AREI GARY H	5
STREET ADDRESS	MCLAREN, GARY H 6385 BAHIA DEL MAR BLVD UN		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	MCLAREN GARY H 6210 SUN BLVD #408	S PChange Addition Action
STREET ADDRESS CITY-ST-ZIP	MCLAREN, GARY H 6385 BAHIA DEL MAR BLVD UN ST. PETERSBURG FL	IT 216J	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	MCLAREN GARY H baic Sun BLVD #408 St Petersburg FL 337.	S PChange Addition Actuals S
STREET ADDRESS CITY-ST-ZIP TITLE	MCLAREN, GARY H 6385 BAHIA DEL MAR BLVD UN ST. PETERSBURG FL STD		2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	MCLAREN GARY H baic SUN BLUD HUGS ST POTEISDUS FL 337. STD MCLAREN EWZABETH	S Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCLAREN, GARY H 6385 BAHIA DEL MAR BLVD UN ST. PETERSBURG FL STD MCLAREN, ELIZABETH	IT 216J	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	MCLAREN GARY H baic SUN BLUD HUGS ST POTEISDUS FL 337. STD MCLAREN EWZABETH	S Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change
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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.

5,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 IIILE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Addition

Change