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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000059725 (8)**

1. Corporation Name
DANIX PAINTING, INC.

Principal Place of Business	Mailing Address
3706 MILL LAKE CIRCLE GREENACRES FL 33463	3706 MILL LAKE CIRCLE GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1995

4. FEI Number: 65-0600118 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4238 Centurian Cir	26 4238 Centurian Cir
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Greenacres Fl	28 City & State: Greenacres Fl
24 Zip: 33463 25 Country	29 Zip: 33463 30 Country

9. Name and Address of Current Registered Agent

DANIEL, THOMAS
3706 MILL LAKE CIRCLE
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name: Thomas Daniel
82 Street Address (P.O. Box Number is Not Acceptable): 4238 Centurian Cir
83
84 City: Greenacres FL 85 Zip Code: 33463

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NIXON, MIKE		1.2 NAME		
STREET ADDRESS	4895 ROYAL COURT SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DANIEL, THOMAS		2.2 NAME		
STREET ADDRESS	3706 MIL-LAKE CIR		2.3 STREET ADDRESS	4238 Centurian Cir	
CITY-ST-ZIP	GREENACRES FL 33463		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DANIEL, TRACY		3.2 NAME		
STREET ADDRESS	3706 MIL-LAKE CIR		3.3 STREET ADDRESS	4238 Centurian Cir	
CITY-ST-ZIP	GREENACRES FL 33463		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Thomas Daniel

CR2E034 (10/97)