1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 19, 1999 8:00 am Secretary of State

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04-19-1999 90128 033 ***150.00

DOCUMENT #	P95000067274	4

1. Corporation Na	EN 1 # P9500 PAINTING, INC.	00067274						
Principal Place of	Business	Mailing Address			7			
3031 SHANNON LA TALLAHASSEE FL 3			3031 SHANNON LAKES NORTH TALLAHASSEE FL 32308			DO NOT WRITE I		
					3		ite Incorporated or Qualifed	
2. Principal Place	of Business	2a. Mailing Addres	S		4	–	Number	
21		26				59) 3343148	
Suite, Apt. #, e	tc	Suite, Apt. #, et	c.			. Ce	ertificate of Status Desired	
City & State		City & State			6		ection Campaign Financing ust Fund Contribution	
Zip	Country	Zip	Countr	у	8	3. Th	is corporation owes the curr	ent y
24	25	29	30			Pe	rsonal Property Tax.	
	. Name and Address of Cu	rrent Registered Agent			10). Na	ame and Address of New F	tegis
- 11.00		<u> </u>	81	1	Name			
3031 SH	JAMES B JR HANNON LAKES N		82	2	Street Address	(P.O.	Box Number is Not Accepta	ible)
TALLAH	ASSEE FL 32308		83	3				
			84	4	City			
				- 1				

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DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐Yes

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		84	City	FL 85 Zip	Code
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorize in familiar with, and accept the obligations of, Section 607.0505, Florida S	zea by	ine corp	corporation submits this statement for the purpose of changing its pration's board of directors. I hereby accept the appointment as re-	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr	red Age	it signature (equired when reinstating) DATE	
12.		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	D DELETE 1.	TITLE		☐ Change	Addition
NAME	DAVIS, JAMES B JR. 1	NAME		,	
STREET ADDRESS		STREE	ADDRESS		
CITY-ST-ZIP		CITY-S	T-ZIP		
TITLE		1 TITLE		Change	☐ Addition
NAME	2.	2 NAME			
STREET ADDRESS	2.	STREE	ADDRESS		
CITY-ST-ZIP	2	4 CITY-:	ST-ZIP		
TITLE	☐ DELETE 3.	1 TITLE	_	Change	■ Addition
NAME	3.	2 NAME			
STREET ADDRESS	3.	3 STREE	TADDRESS		
CITY-ST-ZIP	3	4. CITY-S	T-ZIP		
TITLE	☐ DELETE 4.	1 TITLE		Change	Addition
NAME	4.	2 NAME			
STREET ADDRESS	4.	3 STREE	ADDRESS		
CITY-ST-ZIP	4.	4 CITY-S	T-ZIP		
TITLE	DELETE 5	1 TITLE		☐ Change	Addition
NAME	. ,	2 NAME			
STREET ADDRESS	5.	3 STREE	T ADDRESS		•
CITY-ST-ZIP	5.	4 CITY-S	T-ZIP		
TITLE (DELETE 6.	1 TITLE	_	☐ Change	Addition
NAME	6	2 NAME			
STREET ADDRESS	6	3 STREE	TADORESS		
CITY-ST-ZIP		4 CITY-5			
14 I horoby	extify that the information supplied with this filing does not qualify for the s	vemo	ion state	d in Section 119.07(3)(i). Florida Statutes. I further certify that the	information

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I limiter 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: