FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075231

1. Corporation Name

SURLS PAINTING, INC.						
Principal Place of Business 8586 DENISE DRIVE LARGO FL 33777 US	Mailing Address 8586 DENISE DRIVE LARGO FL 33777 US					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 011 ***150.00



			_		
Principal Place of Business	Mailing Address				
8586 DENISE DRIVE LARGO FL 33777	8586 DENISE DRIVE LARGO FL 33777				
US	US			DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 09/29/1995 	
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21	26			59-3345641	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	_ \$5.00 May Be Added to Fees	
23	Zip Cou	untry			
Zip Country 25	29 30	aritry		This corporation owes the current year Interest Personal Property Tax.	☐ Yes ■No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					Agent
		81	Name		
Surls, robert e 8586 denise drive		82	Street Addres	s (P.O. Box Number is Not Acceptable)	
LARGO FL 33777	• ;	83			
(A)	10.85	\Box			T T = 2
East 1 TV & ST	New Joseph Don't		City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the a	above-	named corporation	ation submits this statement for the purpose of solutions of directors. I hereby accept the appo	changing its registered ; intment as registered ;

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. directors. Thereby accept the appointment as a sustained

1	Ç.	0	Nì	۸.	TI	JR	C

	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Re	gistered Agent signature r		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		
TITLE	PSTD	☐ DELETE	1.1 TITLE		🔀 Change	Addition
NAME	SURLS, ROBERT E		1.2 NAME			
STREET ADDRESS	8586 DENISE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34647		1.4 CITY-ST-ZIP		<u> 33777</u>	
TITLE	VD	□ DELETE	2.1 TITLE		Change	Addition
NAME	SURLS, WILLIAM L		2.2 NAME			
STREET ADDRESS	8586 DENISE DRIVE		2.3 STREET ADDRESS	332 41 au. N.		
CITY-ST-ZIP	LARGO FL 34647		2. 4 CITY-ST-ZIP	ST. Petersburg, F		
TITLE	VD	□ DELETE	3.1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME	DICARLO, JOE T.		3.2 NAME			ĺ
~ STREET ADDRESS	7500-17TH LANE N.		3.3 STREET ADDRESS		<u></u>	. , 🛥 .
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP			
TITLE		☐ DÉLETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			Ì
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	Lin Costion 110 07/2Vi) Florido Statutos	I frantison contists that the circ	formation

SIGNATURE:



I nereby 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 informationated 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.