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 # P95000079453

1. Corporation Name

COLOR WORLD PAINTING, INC.

										I do all af ili il	YÊRD HANK B		
Principal Place	e of Business	Mailing Address									:		
7213 DAVENPORT LANE SPRING HILL FL 34606		7213 DAVENPORT LANE									•		
		SPRING HILL FL 34606				DO NOT WRITE IN THIS SPACE							
							3 Data Inc	corporated or Qu			31 702		
									ailleu				- 1
		1 0 10 11 11 11 11					10/13/ 4. FEI Num				-	A marki	
·	lace of Business	2a. Mailing Address								•	\vdash	· · · · · ·	ed For
21		26					65-062	<u> 261/5 </u>	,				pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcat	te of Status Desi	red		•	5 Add	
22		27										Requi	irea
City & State	e	City & State						Campaign Finar	ncing	-F		0 <u>0</u> Ma	
23							Trust Fu	ind Contribution			Add	ed to F	Fees
Žip	Country	Zip	Cou	ıntry			8. This corp	poration owes th	е сите				_
24	25	29	30					I Property Tax.			☐ Yes		No
•	9. Name and Address of Curre	ent Registered Agent					10. Name a	nd Address of	New Re	gistered A	\gent		
				81	Name	L	oren	Hans	- L	•			
	O, MICHAEL D			82	Straet			Number is Not A	ccental	le)			
5388	S SPRING HILL DR			82	Suee	7	213 K	Davenpe	ocepiai Serti	Lane	2		
SPRI	ING HILL FL 34606			83									
	•			Ш									
				84	City	•	Spring	ШМІ		FL	85 2	Zip Coo	de 006
								1 44 14			_ `	JIQ	
44		500 CO7 1500 Florido Ptot	ton the o	لـــــــــــــــــــــــــــــــــــــ	namar	d corne	ration submits	thic statement f	or the r	urnose of a	hanging	its rec	nistered
· office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	te of Florida. Such change was	autnorized	3 Dy I	ne corp	corpo	ration submits	this statement f	or the p	urpose of o	changing	its rec	gistered
· office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was	autnorized	3 Dy I	ne corp	corpo	ration submits	this statement f	or the p accept	urpose of o the appoin	changing	its rec	gistered
· office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was gations of, Section 607.0505, F	autnonzeo lorida Stat	utes.	ne corp	d corpor coration	ration submits 's board of dir	this statement f	or the p accept	the appoin	changing	its rec	gistered
agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblic Signature, typed or partid name of registered ag	gations of, Section 607.0505, F	autnorized orida Stat E: Registered	utes.	ne corp	d corpor coration	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	changing atment as	g its reg s regist	gistered tered
signature 12.	egistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or parted name of registered agency. OFFICERS A	gations of, Section 607.0505, F gent and the mapping (NO AND DIRECTORS	authorized orida Stat	Agent	ne corp	d corpor coration	ration submits 's board of dir when reinstating)	this statement f	ассері	X DATE	changing itment as	its registry	gistered itered
SIGNATURE 12.	egistered agent, or both, in the Stat m familiar with, and accept the oblic Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, F	authorized orida Stat	Agent	ne corp	d corpor coration	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	changing atment as	its registry	gistered tered
signature 12.	egistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or primed name of registered as OFFICERS A DP MANSON, LOREN M	gations of, Section 607.0505, F gent and the mapping (NO AND DIRECTORS	erida Stat E: Registered 13. 1.1 Ti 1.2 No	AME	signature	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	changing itment as	its registry	gistered itered
SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or partid name of registered at OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE	gations of, Section 607.0505, F gent and the mapping (NO AND DIRECTORS	erida Stat E: Registered 13. 1.1 Ti 1.2 No	AME	ne corp	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	changing itment as	its registry	gistered itered
signature 12.	egistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or primed name of registered as OFFICERS A DP MANSON, LOREN M	gations of, Section 607.0505, F gent and title if applicable. (NO AND DIRECTORS	authorized lorida Stat TE: Registered 13. 1.1 TE 1.2 No 1.3 S	AME	signature	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	D DIREC	g its regist s regist g GTORS	gistered tered S IN 12 Addition
signature 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or partid name of registered at OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE	gations of, Section 607.0505, F gent and the mapping (NO AND DIRECTORS	authorized lorida Stat TE: Registered 13. 1.1 TE 1.2 No 1.3 S	TLE AME	signature	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	changing itment as	g its regist s regist g GTORS	gistered itered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State familiar with, and accept the oblig Signature, typed or partid name of registered at OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D	gations of, Section 607.0505, F gent and title if applicable. (NO AND DIRECTORS	E: Registered 13. 1.1 To 1.2 No 1.3 S' 1.4 C	Agent TLE AME TREET, TLE	signature	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	D DIREC	g its regist s regist g GTORS	gistered tered S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State familiar with, and accept the oblig Signature, typed or partid name of registered at OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606	gations of, Section 607.0505, F gent and title if applicable. (NO AND DIRECTORS	2.1 Ti 2.2 N	TLE AME TTLE TREET, TTLE AME	signature	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	D DIREC	g its regist s regist g GTORS	gistered tered S IN 12 Addition
office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gations of, Section 607.0505, F gent and title if applicable. (NO AND DIRECTORS	TE: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S'	TLE AME TREET, TLE AME	signature ADDRESS -ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	ассері	X DATE	D DIREC	g its regist s regist g GTORS	gistered tered S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State familiar with, and accept the oblig Signature, typed or partid name of registered at OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M	gentions of, Section 607.0505, F gentiano tree respirable (NO AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S'	TLE AME TTLE TREET, TLE AME TREET, TLE TREET, TLE TREET,	signature ADDRESS -ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIREC	g its registry g g g g g g g g g g g g g g g g g g g	gistered tered S IN 12 Addition
office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gations of, Section 607.0505, F gent and title if applicable. (NO AND DIRECTORS	TE: Registered Te:	TILE AME TITY-ST. TREET, TREET, TREET, TREET, TREET, TREET,	signature ADDRESS -ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIREC	g its registry g g g g g g g g g g g g g g g g g g g	gistered tered S IN 12 Addition Addition
office or in agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gentions of, Section 607.0505, F gentiano tree respirable (NO AND DIRECTORS DELETE	TE: Registerect Tax	A Agent TLE AAME TREET, TLE AAME TREET, TLE TREET, TLE TREET, TLE AAME	signature ADDRESS -ZIP ADDRESS 7-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIREC	g its registry g g g g g g g g g g g g g g g g g g g	gistered tered S IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gentions of, Section 607.0505, F gentiano tree respirable (NO AND DIRECTORS DELETE	TE: Registereccorida Stat 13. 1.1 TT 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S'	Agent TILE AME TREET, TILE TREET, TILE TREET, TILE TREET, TILE AME TREET, TILE AME	signature ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIREC	g its registry g g g g g g g g g g g g g g g g g g g	gistered tered S IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and other rapplicable. (NO AND DIRECTORS DELETE	TE: Registereccorida Stat 13. 1.1 TT 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 C. 3.1 TI 3.2 N. 3.3 S' 3.4 C.	TILE AME TITE T	signature ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its reg s regist I 9 CTORS nge	gistered tered S IN 12 Addition Addition
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gentions of, Section 607.0505, F gentiano tree respirable (NO AND DIRECTORS DELETE	TE: Registereccorida Stat 13. 1.1 TT 1.2 N. 1.3 S' 1.4 CC 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI	TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE	signature ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIREC	g its reg s regist I 9 CTORS nge	gistered tered S IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and other rapplicable. (NO AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N.	TLE AME TREET, TTY-ST- TLE AME TREET, TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its reg s regist I 9 CTORS nge	gistered tered S IN 12 Addition Addition
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and other rapplicable. (NO AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N.	TLE AME TREET, TTY-ST- TLE AME TREET, TLE	signature ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its reg s regist I 9 CTORS nge	gistered tered S IN 12 Addition Addition
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and over trapplicable (NO AND DIRECTORS DELETE	TE: Registered orida Stat 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 CI	I Agent ITLE AME TREET, TLE AME TREET, TLE AME TREET, TLE AME TREET, TLE AME TREET, TILE TREET, TR	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its regist strength of the s	gistered tered S IN 12 Addition Addition
office or in agent. I ai signature 12. Title Name Street Address City-St-Zip Title Name Street Address Street Street Address Street Address Street	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and other rapplicable. (NO AND DIRECTORS DELETE	TE: Registereccorida Stat 13. 1.1 TT 1.2 N. 1.3 S' 1.4 CC 2.1 TT 2.2 N. 2.3 S' 2.4 CC 3.1 TT 3.2 N. 3.3 S' 3.4 CC 4.1 TT 4.2 N. 4.3 S' 4.4 CC 5.1 TT	TILE AME TITLE AME TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its regist strength of the s	gistered tered S IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and over trapplicable (NO AND DIRECTORS DELETE	TE: Registered orida Stat 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 CI	TILE AME TITLE AME TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its regist strength of the s	gistered tered S IN 12 Addition Addition
office or in agent. I ai signature 12. Title Name Street Address City-St-Zip Title Name	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and over trapplicable (NO AND DIRECTORS DELETE	TE: Registered orida Stat 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 CI 5.1 TI 5.2 N.	TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE TREET, T	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its regist strength of the s	gistered tered S IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State m familiar with, and accept the oblic Signature, typed or partid name of registered as OFFICERS A DP MANSON, LOREN M 7213 DAVENPORT LANE SPRING HILL FL 34606 D MANSON, PATRICIA M 7213 DAVENPORT LANE	gent and over trapplicable (NO AND DIRECTORS DELETE	TE: Registered orida Stat 13. 1.1 Ti 1.2 N. 1.3 S' 1.4 Cl 2.1 Ti 2.2 N. 2.3 S' 2.4 Cl 3.1 Ti 3.2 N. 3.3 S' 3.4 Cl 4.1 Ti 4.2 N. 4.3 S' 4.4 Cl 5.1 Ti 5.2 N. 5.3 S'	TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE TREET, T	ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP	d corporation	ration submits 's board of dir when reinstating)	this statement frectors. I hereby	accept	X DATE	D DIRECT Chan	g its regist strength of the s	gistered tered S IN 12 Addition Addition

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 attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: *

NAME

STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90120 046 ***150.00