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 # **P95000082523**

BABER PAINTING AND DECORATING INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90012 019 ***150.00



Principal Place	e of Business	Mailing Address				·*· ****** • ## ## ## ## ## ##	***************************************
6312 HOLLYWOOD BLVD							
SARASOTA FL 34231 SARASOTA LF 34231 US US					DO NOT WRITE IN TH	IIS SPACE	
-					3. Date Incorporated or Qualifed 10/26/1995		
2 Principal D	land of Rueinage	2a. Mailing Address	_		4. FEI Number	Ar	plied For
21 5050 KESTRAL PARK WAY S. 28 5050 KESTRAL			PARKWAY S.		65-0615959	No	ot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 SARASOTA FL		City & State 28 SARASOTA FL		6. Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees		
Zip	Country	Zip	Countr	v	8. This corporation owes the current year	Intangible	
24 342		29 3423/ 30	0	S	Personal Property Tax.	☐ Yes	□No
24 0 .	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
		<u> </u>	8	1 Name			
EVAN	ns, ronald arthur	11 0 1.	ہے ہے۔	2 200 - 1 4 : 1	(D.O. Day Mumber in Net Assessable)		
6312 HOLLYWOOD BLVD. 50 SO KESTRAL TARK WA					dress (P.O. Box Number is Not Acceptable)		
SAH	ASOTA FL 34231		8:	3			
	,		84	4 City		85 Zip	Code
11 Pursuant t	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	ve-named corp	poration submits this statement for the nurnose	of changing its	registered
office or re	egistered agent, or both, in the State of	Florida, Such change was auth	orized by	y the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
	m ramiliar with, and accept the divigation	ons of, Section 607.0505, Blorida			1/0	199	
SIGNATURE	Signature, typed or printed name of registered agent			ent signature require	ad when reinstating) DATE	*** **	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
I NAME		ا بر صارت	1.2 NAME	:			
STREET ADDRESS	6312 HOLLYWOOD BLVD 5725	O KESTRAL PARK WAY	رک 13 STRFI	ET ADDRESS			
	SARASOTA FL		1.4 GITY-				
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition
1	,,,		2.2 NAME	ļ		_ *	_
NAME	EVANS, ROSEMARY E.	KERRAN PAR WAY S.		ET ADDRESS			
STREET ADDRESS	SARASOTA FL		2.4 CITY-				
CITY-ST-ZIP	SANASOFA FE	☐ DELETE	3.1 TITLE			Change	Addition
TITLE			3.2 NAME				_
NAME							
STREET ADDRESS				ET ADORESS	•		
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	☐ Addition
TITLE							
NAME			4. 2 NAME	-			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ bcictc	4.4 CITY-		·	☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-		<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	i		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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, ocon an attachment with an address, with all other like empowered.

SIGNATURE: