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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000084703 (4)

TRIMBLE PAINTING, INC.

114400	·	(d) 1110·											
Principal Place	e of Business	Maiti	Mailing Address					] (65)(189) 219 29191 91111 99111 59114 68111 91	Liti iliii bidii		A D FAIT (BA)		
15248 SW 172	TERR	1524	15248 SW 172 TERR										
MIAMI FL 33187			MIAI	MIAMI FL 33198 33187					DO NOT WRITE IN THIS SPACE				
. U\$		US	05				-  -	3. Date Incorporated or Qualified					
ı									11/03/1995				
2. Principal P	lace of Busine	SS	2a. M	2a. Mailing Address					4. FEI Number		Ar	oplied For	
21			26	26					65-0642380		XNo	ot Applicable	
Suite, Apt.	#, etc.		<b>├</b> ──	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22 City & Ctat			27	City & State								equired	
City & State	е	<b>├</b> ─┐	28				<b>8.</b> Election Campaign Financing Trust Fund Contribution			May Be			
	Zip Country			Zip Country					This corporation owes or has paid to			to Fees	
24	25		29	-¬ `					Personal Property Tax due June 30		_	.angibie ]No	
	g, Name a	nd Address of (	Current Register	red Agent				1	10. Name and Address of New Regis		•		
FRE	ITES, DORC	THY				81	Name						
	48 6W 172						Street A	ddress	(P.O. Box Number is Not Acceptable)	<del></del>			
MIA	MI FL 33187	•				Ц							
						83							
						84	City			FL 85	Zip (	Code	
11. Pursuant t	to the provisio	ns of Sections 6	07.0502 and 607	1508, Florida Stat	utes, the a	bove	-named c	orpora	ation submits this statement for the purp	ose of char	<u>l</u> noina it	s registered	
office or re	egistered age m familiar with	nt, or both, in the	State of Florida.	Such change was	s authorize Florida Sta	ed by	the corpo	oration'	's board of directors. I hereby accept the	ne appointm	ent as	registered	
SIGNATURE		, and transport the	· cipiigaasia cii, c		. roma <b>u</b> ole	10100	•						
SIGNATIONE	Signature, typod or		ered agent and lits; if a		OIE Registere	d Age	nt signature re	equired w	rhen reinstating)	DATE			
12.		OFFICER	RS AND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICER				
TITLE	PD FREITES, HECTOR J					1.1 TITLE					hange	☐ Addition	
NAME						IAME							
STREET ADDRESS	15248 SW MIAMI FL						ADDRESS						
CITY-ST-ZIP TITLE	SD SD	33107		DELETE	2.17	HY-S	1 - ZIP				hange	Addition	
NAME		DOROTHY J			2.11		ł			L (	lange	L. Addition	
STREET ADDRESS	15248 SW						ADDRESS						
CITY-ST-ZIP	MIAMI FL					CITY - S							
TITLE				DELETE	3.1 7		-				hange	Addition	
NAME					3.2 %	AME					- -		
STREET ADDRESS					335	TREET	address						
CITY-ST-ZIP					3.4. 0	CHTY - S	T-ZIP						
TITLE				DELETE	411	ITLE		`		C	hange	Addition	
NAME					4, 21	NAME							
STREET ADDRESS					435	THEET	address						
CITY-ST-ZIP				17		ITY-S	r-ZIP						
TITLE				☐ DELETE	5.1 T		]				hange	☐ Addition	
NAME					5.2 N		- 1						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE		ITY-ST	r-ZIP	·····			h	A same:	
TITLE				DELETE	6.1 T					<b>.</b>	hange	☐ Addition	
NAME					6.2 N								
STREET ADDRESS					6.3 S	TREET.	ADDRESS						

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 100 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 trusted 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 attachnish twift an address.

CIONATURE.

GOTTO EDETED 4.22