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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # SMITH PAINTING, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000087571 (2)

FILED Feb 20 1998 8:00am Secretary of State



					——∹ I (UB##BB/ LIU IUIU) U##\ UUIU ##\	42 45				
Principal Place of Business Mailing Address							91411 11			
	1 SEVENTH STREET LLE BEACH FL 32250	1026 SOUTH SEVENTH STREET JACKSONVILLE BEACH FL 32250			50 MOT 1401	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified		PAUE		٦	
	• 4				11/15/1995	, 				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	I	
21 17	7 945 AV 80,	26 SAME			59-3341443		 ! - +-	ot Applicable	_	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	5. Certificate of Status Desired See Required Fee Required				
City & State City & State							May Be	1		
28					Trust Fund Contribution					
Zip	Country	Zip	Countr	у	8. This corporation owes or has	paid the curr	ent year in	tangible	ľ	
24 322	25 USA	29 3	0		Personal Property Tax due Ju			No	╛	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	legistered A	gent		4	
	MITH, CHESTER S		B	Name					J	
	26 South Seventh Street		62	Street	Address (P.O. Box Number is Not Accept	able)			1	
JA	ACKSONVILLE BEACH FL 32250		8:	,					4	
			84	City		FL	85 Zip	Code	ļ	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	/e-named	corporation submits this statement for the	purpose of	changing i	ts registered	1	
office of r	registered agent, or both, in the State of im familiar with, and accept the obligati	Florida, Such change was aut ons of, Section 607.0505, Florid	norized b da Statute	iy the corp is.	corporation submits this statement for the poration's board of directors. I hereby acc	ept the appo	antment as	registered		
SIGNATURE										
	Signature, typed or printed name of registered agent			ent signature	required when reinstaling)	DATE			1	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF				18	
TITLE	PO DELETE		1.3 TITLE				K Change	Addition	CR2E034 (10/97	
NAME	AAAA AALITII ATITUU ATAUTT			12 NAME CAME AND CONTRACT						
STREET ADDRESS				T ADDRESS	111 413 740	gov.	2 رجم	7257)	Щ	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			ST-ZIP	SACKSOUTURS	BCIA	70 -		一英	
TITLE	VPD	DELETE	2.1 TITLE	- 1		- 1	Change	☐ Addition	١٧	
NAME	REGISTER, MICHAEL		2.2 NAME						1	
STREET ADDRESS	129 NAUGATUCK ROAD			t address						
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY	ST-ZIP					1	
TITLE	STD	DELETE	3.1 TITLE			ļ	Change	Addition		
NAME	DOUGHERTY, CHARLES		3.2 NAME						1	
STREET ADDRESS	2268 MAYPORT ROAD		3.3 STREE	T ADDRESS					1	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		3.4. CITY-	ST-ZIP					1	
TITLE	VPP	☐ DELETE	4.1 TITLE]			Z Change	Addition	1	
NAME	TESSET GALL	POPUL TOTAL	4. 2 NAME	ſ	<u> </u>					
STREET ADDRESS	160 7+2 AV 1		4.3 STREE	T ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE	BCH PL	4.4 CITY-	ST-ZIP] .	
TITLE	STD	☐ DELETE	5.1 TITLE				Change	Addition	, //	
NAME	JOHN ROTHER) BERTER	5.2 NAME		<i>-</i>		•	ي. ا		
STREET ADDRESS	1100 SEAGATE	#26	5.3 STREE	T ADDRESS				ř.		
CITY-ST-ZIP	NEPTUNE BE	H. FL 32260	5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE				Change			
NAME		•	6.2 NAME				_			
STREET ADORESS				T ADDRESS						
CARLITEDORICOS			4.5 G114L							

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: