

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

FILED

Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000120 (1)**

1. Corporation Name  
**ALL SEASONS PAINTING, INC.**

Principal Place of Business  
**8663 94TH STREET NORTH  
LARGO FL 33777**

Mailing Address  
**8663 94TH STREET NORTH  
LARGO FL 33777**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8663 94th St N</b> Suite, Apt. #, etc. 22 City & State 23 <b>Largo FL</b> Zip 24 <b>33777</b> Country 25 <b>Pinellas</b>		2a. Mailing Address 26 <b>8663 94th St N</b> Suite, Apt. #, etc. 27 City & State 28 <b>Largo FL</b> Zip 29 <b>33777</b> Country 30 <b>Pinellas</b>		3. Date Incorporated or Qualified <b>12/20/1995</b>	
		4. FEI Number <b>59-3370595</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent <b>RICE, RAYMOND 8601 94TH ST N SEMINOLE FL 34647</b>		10. Name and Address of New Registered Agent 81 Name <b>Charlcie C. Rice</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8663 94th St N</b> 83 84 City <b>Largo</b> FL 85 Zip Code <b>33777</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Charlcie C. Rice VP, Sec/Treas** DATE **1/30/98**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCH	1.1 TITLE	PCH
NAME	RICE, RAYMOND	1.2 NAME	NELSON GONZALEZ
STREET ADDRESS	8601 94TH ST N	1.3 STREET ADDRESS	8663 94 St N
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	ST	2.1 TITLE	VP, ST
NAME	RICE, CHARLCIE	2.2 NAME	Charlcie C. Rice
STREET ADDRESS	8601 94TH ST N	2.3 STREET ADDRESS	8663 94 St N
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	VP	3.1 TITLE	
NAME	GONZALEZ, NELSON	3.2 NAME	
STREET ADDRESS	8663 94 ST NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE: **Charlcie C. Rice VP, Sec/Treas 1/30/98**  
(Signature and typed or printed name of signing officer or director)