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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

21/08

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P9600001256 (2)

PAINT-RITE PAINTING, INC.

Principal Place of Business		Mailing Address			E GADRIADE SAR JANIA BARK ODSAL ODER ABERF ADVID ODTER VIDER VIDER DIVIT OSAN VANI
1411 NE 32ND STREET		1411 NE 32ND STREET	1411 NE 32ND STREET		
POMPANO BEACH FL 33064		POMPANO BEACH FL 3	POMPANO BEACH FL 33064		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/29/1995
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0633328 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ER 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	<u> </u>		Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country		8. This corporation owes or has paid the current year Intangible
24 25			30		Personal Property Tax due June 30. 🔲 Yes 🔣 No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
WR	MGHT, FREELIN A		81	Name	
141	1 NE 32ND STREET		82	Street A	Address (P.O. Box Number is Not Acceptable)
PO	MPANO BEACH FL 33064			<u> </u>	
			83		
			84	City	85 Zip Code
			"	0.0,	FL 63 Zip Code
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	gnature, typed or pented name of registered a	<del> </del>	Registered Ag	ent signature	required when reinstating) DATE
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTV	DELET <b>e</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, FREELIN		1.2 NAME		
STREET ADDRESS	1411 NE 32ND STREET		1.3 STREET	ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 330		1.4 CITY - 9	T-ZIP	
TITLE		☐ DELET <b>E</b>	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY+ST-ZIP		
TITLE	☐ DELETE 3.11		3.1 TITLE	į	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CiTY-S	IT-ZIP	
TITLE		☐ DELET <b>E</b>	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - 9	T-ZIP	
TITLE			6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	·
CITY-ST-ZIP		101 11 120 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CITY - S		
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 the attachment with an address.					
Block 12 of Block 13 in changed, of on all attachment with an address.					