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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF OUT OF THE PROPERTY PR

## FILED Jan 16 1998 8:00am Secretary of State

NARDONE PAINTING, INC. Principal Place of Business Mailing Address 4256 COLT LANE 4256 COLT LANE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 65-0642761 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country B. This corporation owes or has paid the curre it year Intangible 24 25 29 30 Personal Property Tax due June 30. M Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NARDONE, KEITH 4256 COLT LANE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33406 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE\_Registered Agent signature required when ruinstating) Signature: typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 1111.6 Change MARDONE, KEITH NAME 1.2 NAME 4256 COLT LANE STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition THIE 2.1 THEF NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-ST-ZW DELETE TITLE 3.1 TITLE Change Addition **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CH1Y - ST - ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 61 TITLE NAME 6.2 NAMI 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY- \$1- ZIP CITY-\$1-71P

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 Statutos. I further certify that the information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same logal 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 attachizent with an address.

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1-9-98 54-183

CR2E034 (10/97