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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008727 (5)

HAROLD'S PAINTING, INC.

## FILED May 11 1998 8:00am Secretary of State



	( P)	1 4 - 11 . A .1 -1					
Principal Place		Mailing Address					
3801 LITTLE LANE JACKSONVILLE FL 32223		3801 LITTLE LANE JACKSONVILLE FL	32223		DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualified 01/25/1996		<u> </u>
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26	26		59-3356651	<del></del>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			0. Certificate of Status Desired	Fee f	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the o	current year I	ntangible
24	25	29	30		Personal Property Tax due June 30.		□ No
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registere	d Agent	
	<b>Vide</b> nbaugh, Kelli			81 Name			
	01 LITTLE LANE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
JA	CK80NVILLE FL 32223				,,		
				83			
				84 City		. 85 Zir	Code
					F		
office or re	egistered agent, or both, in the	State of Florida, Such change w	vas authorize	d by the corpora	ation's board of directors. I hereby accept the a	ppointment a	s registered
agent. I a	m <b>fa</b> miliar with, and accept the		5, Florida Sta	utes.			
agent. I a	m familiar with, and accept the Signature, typed or printed name of register	red agent and title if applicable	5, Florida Sta (NOTE: Registere	utes.	uired when reinstating) DATE		
agent. I at SIGNATURE 12.	m familiar with, and accept the Signature, typed or printed name of register	red agont and title if applicable S AND DIRLCTORS	5, Florida Sta (NOTE: Registere 13.	utes. d Agent signature req	used when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
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agent. I as SIGNATURE  12. TITLE NAME	Signature, typed or printed name of register  OFFICER:  P  MCCLARD, HAROLD	red agont and title if applicable S AND DIRLCTORS	(NOTE: Registere- 13. 1.1 TI	utles.  d'Agent signature requirence requirence requirement signature requirement signat		ND DIRECTO	
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14. 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.

CNATURE BUILL BUILD OF VIII Bridgeloude SI-98 901-010953