

FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90079 019 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000018115**

1. Corporation Name

DUNKMAN	N PAINT & WALLCOVERING	G, INC.				
Principal Place	of Business	Mailing Address			I IPELIEU IIO INIE BILLI DELLI BELLI	-
525 SILVERGATE LOOP 525 SILVERGATE LOOP						
LAKE MARY FL 32746 LAKE MARY FL 32746					DO NOT WRITE IN THIS S	SPACE
	•				3. Date Incorporated or Qualifed	
					02/26/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
<u> </u>		26			59-3367681	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
27					5 Station Compaign Singaging	\$5.00 May Be
City & State		City & State			Election Campaign Financing Trust Fund Contribution	Added to Fees
23		28	Country		This corporation owes the current year Inta	ingible
Zip	Country	29 30	n .		Personal Property Tax.	∐ Yes □ No
24	25 9. Name and Address of Curre				10. Name and Address of New Registered	Agent
	9. Name and Address of Cure		81	Name		
DUNKMAN, D. DANIEL			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
525 SILVERGATE LOOP			L			
	MARY FL 32746		83		1000 B. A.	
			84	City	FL	85 Zip Code
		<u> </u>	l l			changing its registered
office or re agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Re	a Statutes	5 .	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint the appoint of the purpose of ation's board of directors. I hereby accept the appoint of the appoint of the purpose of ation's board of the appoint of t	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change ☐ Addition
TITLE	PD	☐ DELETE	1.1 TITLE			
NAME	DUNKMAN, D. DANIEL		1.2 NAME			Ì
STREET ADDRESS	525 SILVERGATE LOOP			TADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746	Предете	1.4 CITY-5 2.1 TITLE	ST-ZIP		☐ Change ☐ Addition
TITLE	ST	DELETE	2.1 TITLE 2.2 NAME	-		
NAME	DUNKMAN, PAULA S			ET ADDRESS		ł
STREET ADDRESS			2.3 STREE	- 1		<u>.</u>
CITY-ST-ZIP	LAKE MARY FL 32746	DELETE	2.4 CHY-			☐ Change ☐ Addition
TITLE			3.2 NAME	1		
NAME .				ET ADDRESS		
STREET ADDRESS	. * •		3.4. CITY-			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change Addition
MALAE			4. 2 NAME	E		
NAME STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	1		
NAME			5.2 NAME			
STREET ADDRESS	s			ET ADDRESS		
CITY-ST-ZIP	·		5.4 CITY-			☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE			
NAME			6.2 NAME			
STREET ADDRES	s			EET ADDRESS		
		•	6.4 CITY	-ST-ZIP		- 416 . 45 - 4 the information

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 exploit this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)