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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000025466 (9)

JOHN ELLIOTT QUALITY PAINTING INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10285 SYMPHONY LANE 10285 SYMPHONY LANE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0633022 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Žφ Country Zip Country This corporation owes or has paid the current year latangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 **ELLIOTT, JOHN** 10285 SYMPHONY LANE Street Address (P.O. Box Number is Not Acceptable) 82 **ROYAL PALM BEACH FL 33411** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature Typed or pointed harne of registered agent and the Cappic able OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DEL**e**te 1.1 TITLE ☐ Change Addition TITLE **ELLIOTT, JOHN** 1.2 NAME NAME **10285 SYMPHONY LANE** STREET ADDRESS 1.3 STREET ADDRESS ROYAL PALM BEACH FL 33411 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 2.1 THILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 11TLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 City - St - ZiP

11. Thereby certify that the information supplied with this filling 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 eath; 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.