

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

FILED

Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000026856 (0)

1. Corporation Name
EXTREME PAINTING, INC.

Principal Place of Business

1550 C COUNTRY LANE
TALLAHASSEE FL 32304

Mailing Address

1550 C COUNTRY LANE
TALLAHASSEE FL 32304-1102



3. Date Incorporated or Qualified **03/27/1996** **3a. Date of Last Report**

4. FEI Number **59-3372851** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **Rt. 3 Box 564**

23 City & State

Tallahassee FL

24 Zip

32308

25 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **Rt. 3 Box 564**

28 City & State

Tallahassee, FL

29 Zip

32308

30 Country

USA

9. Name and Address of Current Registered Agent

HAUG, FRITZ
1550 C COUNTRY LANE
TALLAHASSEE FL 32304

correct address:

Rt 3 Box 564

Tallahassee FL
32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Fritz J. Haug

4-29-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** **6-4-97** ☐ DELETE

NAME **Fritz Haug**
STREET ADDRESS **Rt 3 Box 564**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE **Vice president** **6-4-97** ☐ DELETE

NAME **John Haug**
STREET ADDRESS **2588-A Forsythway**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **Treasurer** **6-4-97** ☐ DELETE

NAME **sue Haug**
STREET ADDRESS **Rt 3 Box 564**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002211130
-06/13/97--01014--003
*****165.00**

CS
6/9/97

14. I do 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.

SIGNATURE

Fritz J. Haug

CR2E034 (9/96)