SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT. CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000026856 (0)

EXTREME PAINTING, INC.

FILED Oct 05 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			II MATIN CONTA MITAL CATAL ALIAN ALIA (ANI	
RT 3 BOX 564		RT 3 BOX 564				
TALLAHASSEE FL 32308		TALLAHASSEE FL 32308				
					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 03/27/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 309 W. Washington		26 309 W. Washington		u	59-3372851	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Г	\$8.75 Additional
22 Quincy F1 3235/		27 Quincy F/3235/		35/	5. Certificate of Status Desired L	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country 24 3235 / 25 USA		Zip Country 29 \$ \ge 357 30 USA		A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 263	9. Name and Address of Curren		[30]		10. Name and Address of New Regis	
HAUG, FRITZ 81 Name						
RT 3 BOX 564						
TALLAHASSEE FL 32308			82 Street Address (P.O. Box Number is Not Acceptable)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83			
			84 Ci	ty		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						
				E Registered Agent signature required when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P COTT	DELETE	1.1 TITLE			Change Addition
NAME	HAUG, FRITZ		1.2 NAME			
STREET ADDRESS	TALE ALLACOPE EL COCCO		1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308					
TITLE	••	L DELETE	2.1 TITLE			Change Addition
NAME	HAUG, JOHN		2.2 NAME			
STREET ADDRESS	2588-A FORSYTHE WAY TALLAHASSEE FL 32308		2.3 STREET ADDRE			
CITY-ST-ZIP TITLE	T	·····	2.4 CITY-ST-ZIP			
NAME	ando our		3.1 TITLE	Change Add		Change Addition
STREET ADDRESS	DE À DOV SOA					
CITY-ST-ZIP TALLAHASSEE FL 32308			3.3 STREET ADDRESS			
TITLE			3.4 CITY-ST-ZIP 4.1 TITLE			
NAME	Carl of the Control		4.2 NAME		600002656	
STREET ADDRESS	i		4.3 STREET ADDR	FSS	-10/06/9801011	0 0 2
CITY-ST-ZIP			4.4 CITY-ST-ZIP		***550.00	1
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		OLEC 1C	5.2 NAME			A A A A A A A A A A A A A A A A A A A
STREET ADDRESS			5.3 STREET ADDRESS			411015
CITY-ST-ZIP			5.4 CITY-ST-ZIP			10 7
TITLE			6.1 TITLE			Change Addition
NAME	, other		6.2 NAME			L_ Onongo L_ Audition
STREET ADDRESS			6.3 STREET ADDRI	ESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	rtify that the Information supplied with	this filing does not qualify for the		ed in section	n 119 07/3Vi) Florida Statutes I further or	artify 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.

Oll Fritz J Hava