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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000049253

1. Corporation Name

TWIN OAKS PAINTING, INC.

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90046 021 \*\*\*150.00



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Principal Place	of Business	Mailing Address 4390 SW AZALEA CT											
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DUNNELLON FL 34431 DUNNELLON FL 34431 US US						DO NOT WRITE IN THIS SPACE							
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2 Principal Pl	ace of Business	2a. Mailing Address {	3248		4.	FEI Numbe					App	lied For	1
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22		27			5.	Certifcate of	of Status De	esired		Fe	e Req	uired	
City & State	9 .	City & State			6.	Election Ca	mpaign Fir	nancing	(=1	\$5	.00 N	lay Be	]
23 FLORAL CITY FL. 28 FLORAL CIT			CY, F	L.		Trust Fund	Contributio	n		Ad	ded to	Fees	
Zip	Zip Country Zip			у	8.	This corpor	ation owes	the cun	rent year I			_	
24 34436	25 U.S.A.	29 34436	30 U.	S.A.		Personal P				<b>I</b> Yes	: [	No	1
	9. Name and Address of Current	Registered Agent		<del></del>	10	Name and	Address of	of New	Registere	d Agent		=	
			8	I Name						,	1	,,	
HALLMAN, WILLIAM H III				82 Street Addres		P.O. Box Nui	mber is Not	Accept	able)				
1	EAST JEFFERSON STREET		<u> </u>	1				•	<u> </u>			_	4
BRU	OKSVILLE FL 34601		8:	3									
,	Section 1985		84	\$ City	_		_			. 85	Zip Co		1
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	s, the about	ve-named o	corporation	n submits th	is statemen	it for the	purpose on the app	of changir ointment :	ng its n as regi	egistered istered	ĺ
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute	s.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oura or airea		o, 4000	P. W				
SIGNATURE	•												}
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Age	ent signature re	equired when	reinstating)			DATE				1 =
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12.	OFFICERS AND		13.		P	ADDITIONS	/CHANGES	TO OF	FICERS A	ND DIRE	CTOR		1 /00
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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 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, with all other like empowered. CITY-ST-ZIP

SIGNALL BEST REQUISADED PERRY SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99

Daytime Phone #