

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

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

97 OCT -6 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96 0000 73236**
1. Corporation Name
Anthony Painting & Waterproofing, Inc.

Principal Place of Business
**5216 Deeson Rd
LAKELAND FL. 33810**

Mailing Address
**P.O. Box 511
Kathleen FL. 33849**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33810	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 8/29/96	3a. Date of Last Report	4. FEI Number 59-3407084	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PAMELA Anthony 5216 Deeson Rd LAKELAND FL. 33810		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	
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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 _____ (Signature typed or printed name of registered agent or person responsible) (NOTE: Registered Agent signature, term and when reinstated) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAMELA Anthony 5216 Deeson Rd LAKELAND FL. 33810 <input type="checkbox"/> DELETE DRST	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Terry L. Anthony 5216 Deeson Rd LAKELAND FL. 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PAMELA Anthony** **PAMELA Anthony Director** 922-97 941-853-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **31466**

CR2E034 (9/96)

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ANTHONY PAINTING
PRESSURE CLEANING
P.O. BOX 511
KATHLEEN, FLORIDA 33849
(941) 853-3144

Ref # P96000073236
Letter # 797A00046121

ATTN; STACY PRATHER

Per our phone conversation on 09-17-97 I was at the Cpa's office when he asked had I received a corporation annual report to be filed I told him I had not received one and he gave me the phone number in which to contact your office. At that time I felt that there could be several reasons why I have not received this report. When I checked the address with your office the mailing zip code in this area has been changed and there has been some difficulty in receiving some of our mail. Also I was not sure if we would be required to file a annual report as we had not been incorporated a year yet. It had also been mentioned. that I may should have received something from Leonard J. Connors office in regards to this annual report.. We have not received anything either verbally or by mail from his office in regards to this report. Had I any prior knowledge of having to file this form annually I would have been in contact with your office months ago to resolve this matter of not having received this form in the mail.

Thanking you in advance for your help and time in this matter,
Pamela Anthony
Director, Anthony Painting and Waterproofing Inc.
(941)853-3144
(941)853-7799 fax