PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90088 024 ***150.00

DOCUMENT # P9600089560 1. Corporation Name NEW IMAGE PAINTING OF SOUTHWEST FLORIDA, INC.								
Principal Place	of Business	Mailing Address	Mailing Address			7	i janiins) iiz saije aniti natii aniit en	
2006 MAINSTAY : LABELLE FL 3397		P.O. BOX 2512 LABELLE FL 33975					DO NOT WRITE II	
						3.	Date Incorporated or Qualifed 10/28/1996	
2. Principal Pla	ce of Business	2a. Mailing Addres	35			4.	FEI Number 65-0714938	
Suite, Apt. #	, etc.	Suite, Apt. #, 6	etc.			5.	Certifcate of Status Desired	
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	
Zip	Country 25	Zip	30	untry		8.	. This corporation owes the current y Personal Property Tax.	
	9. Name and Address of Ci	urrent Registered Agent				10	. Name and Address of New Regi	
t .	IE, PAUL E MAINSTAY STREET	- · · ·		81 82	Name Street Addr	ess (f	P.O. Box Number is Not Acceptable)	

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

no	NOT	WRITE	IN	THIS	SPA	CF

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

LABELLE FL 33975			83					-	
			84	City		FL	85	Zip Co	ode
office or re	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of Fl in familiar with, and accept the obligations	orida. Such change was auf	horized by	the corporatio	oration submits this stater on's board of directors. I h	nent for the purpose of dereby accept the appoin	changin tment a	g its re is regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Ager	t signature required	d when reinstating)	DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANG	SES TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE			,	Cha	nge	Addition
NAME	GAGNE. PAUL E		1.2 NAME						
STREET ADDRESS	2008 MAINSTAY STREET		1.3 STREET	ADORESS				~	
CITY-ST-ZIP	LABELLE FL 33975		1.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Cha	nge	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP	·				
TITLE		☐ DELETE	3.1 TITLE				Cha	nge	Addition Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T- ZIP					
TITLE		☐ DELETE	4.1 TITLE			•	☐ Cha	ınge	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE			•	Cha	inge	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		-		☐ Cha	inge	Addition Addition
NAMÉ			6.2 NAME						
STREET ADDRESS	•		6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby o	ertify that the information supplied with the on this annual report or supplemental and	his filing does not qualify for	the exempt	on stated in S	Section 119.07(3)(i), Florid	a Statutes. I further cert	ify that	the int	formation 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 of an attachment with an address, with all other like empowered.

SIGNATURE: