

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094752 (8)

1. Corporation Name
EL GRECO PAINTING, INC.



Principal Place of Business: **POST OFFICE BOX 792 TARPON SPRINGS FL 34688-0792**
Mailing Address: **POST OFFICE BOX 792 TARPON SPRINGS FL 34688-0792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1996

| | |
|--------------------------------|------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 756 LOQUAT DRIVE | 26 756 LOQUAT DRIVE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 TARPON SPRINGS, FL | 28 TARPON SPRINGS, FL |
| 24 34689 | 29 34689 |
| 25 Country | 30 Country |

4. FEI Number: **59-3410559**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HOULLIS, MICHAEL N
756 LOQUAT DRIVE
TARPON SPRINGS FL 34689**

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: *M. Houllis* (NOTE: Registered Agent's signature required when reinstating) DATE: **2/14/98**

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|--------------------------|--------------------------|
| TITLE | P | <input type="checkbox"/> |
| NAME | HOULLIS, MICHAEL | |
| STREET ADDRESS | 756 LOQUAT DR | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE | P/T | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | VP/S | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | CYNTHIA A. HOULLIS | | |
| 2.3 STREET ADDRESS | 756 LOQUAT DRIVE | | |
| 2.4 CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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.

CR2E034 (10/97)