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 # P96000096572 1. Corporation Name

GREENO PAINTING SERVICES, INC.

Principal Place of Business 1182 - 44TH AVENUE NORTHEAST ST. PETERSBURG FL 33703 Mailing Address

1182 - 44TH AVENUE NORTHEAST ST. PETERSBURG FL 33703

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90248 029 ***150.00



DO NOT WRITE IN THIS SPACE

| | • | | | | 11/21/1996 | | |
|----------------------------|--|--|--------------|---|--|---------------------|--|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 65-0729276 | Not Applicable | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | <u> </u> | 8.75 Additional | |
| 22 | , | 27 | | | 5. Certifcate of Status Desired | Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | 5.00 May Be | |
| 23 | | 28 | | | ' • ' 1 | Added to Fees | |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year Intangil | ole | |
| 24 | 25 | | 0 | • | Personal Property Tax. | _ | |
| | 9. Name and Address of Current | | , T | | 10. Name and Address of New Registered Age | nt | |
| · | | | 8 | Name | | | |
| VALENTE, ANTHONY P JR.,ESQ | | | | | | | |
| 2730 CENTRAL AVENUE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| ST. PETERSBURG FL | | | | . | | ·· | |
| 31.1 | LILIODONG IL | | 8: | 1 | | | |
| | | | 8- | 4 City | 8 | Zip Code | |
| | | | | <u> </u> | | <u> </u> | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat | of Florida. Such change was aut | norizea d | y the corpo | corporation submits this statement for the purpose of char poration's board of directors. I hereby accept the appointment | nt as registered | |
| CIGITATORE | Signature, typed or printed name of registered agent | and trie if applicable. (NOTE: R | egistered Ag | ent signature r | required when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND D | | |
| TITLE | V . | ☐ DELETE | 1.1 TITLE | | L | Change | |
| NAME | HOESHIELD, RON | | 1.2 NAME | | | | |
| STREET ADDRESS | 3927 ALABAMA AVENUE N E | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33703 | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | 5,00 | Change | |
| NAME | DECECCO, PATRICK | | 2.2 NAME | | Pat Selecco | | |
| STREET ADDRESS | 11842 44TH AVE NE | بايار سولوا سوا | 23 STRE | ET ADDRESS | 4100 WALNUT STREET NE | | |
| | ST. PETERSBURG FL | | 2.4 CITY- | . ST. 7ID | ST. Petrosborn FL 23703 | | |
| CITY-ST-ZIP | 31. PETEROBUNG PE | ☐ DELETE | 3.1 TITLE | 31-ZF | Pat Delecco 4100 WALNUT STEET NE ST. Petersborg, FL 33703 | Change Additio | |
| TITLE | | | 3.2 NAME | | | • – | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | h | 3.4. CITY | | | Ohanna 🖂 Additio | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change Addition | |
| NAME | • | | 4. 2 NAM | Ē | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | s | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TTTLE | | | Change | |
| NAME | | | 5.2 NAME | ! | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADORESS | i | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | C DELETE | 6.1 TTLE | ··-· | | Change | |
| NAME | | | 6.2 NAME | : | | | |
| | | | 6.3 STRE | ET ADDRESS | | | |
| STREET ADDRESS | | | 6.4 CITY- | | | | |
| CITY-ST-ZIP | are at a set of the se | h this filing does not qualify for t | | | I ed in Section 119.07(3)(i), Florida Statutes. I further certify t | nat the information | |

4. 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 informatio 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.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21,1499

Daytime Phone #

:RZE034.(11/98