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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102701 (5)

ACTION PAINTING OF CENTRAL FLORIDA, INC.

	Y PAINTING OF CENTRAL I				
Principal Plac	e of Business	Mailing Address		1 16011001 118 10110 E1111 E0111 E0111 DE1E1 1191	ı galığı isası jablı abıdı iski ikki
641 CLEARLAKE RD		641 CLEARLAKE RD			
SUITE 11 SUITE 11 COCOA FL 32922 COCOA FL 32922		SUITE 11 COCOA FL 32922		DO NOT WRITE IN TI	HIS SPACE
		***************************************		3. Date Incorporated or Qualified	
				12/16/1996 4. FEI Number	····
	lace of Business	2a. Mailing Address			Applied For
Suite, Apt	# plc	Suite, Apt. #, etc.		59-3422740	Not Applicable \$8.75 Additional
22	W, 010.	27		Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
	LOTSON, TIMOTHY R				
641 CLEARLAKE RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ITE 11		63		
l co	COA FL 32922				
			84 City	1	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistored agent, or both, in the State im familiar with, and accept the oblig Signature typed or printed hanc of registered as		es, the above-named corporatorized by the corporatorida Statutes. Frigistered Agent signature require	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	_
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELFTE	1.1 TITLE		Change Addition
NAME	TILLOTSON, TIMOTHY R		1.2 NAME		
STREET ADDRESS	641 CLEARLAKE RD SUITE 1	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922	`	1.4 CITY-ST-ZIP		<u> </u>
TITLE	PST	☐ DELETE	2.1 TITLE		Change Addition
NAME	TILLOTSON, TIMOTHY R		2.2 NAME	•.	
STREET ADDRESS	641 CLEARLAKE RD STE 11		2 3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		2 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		Change Addition
NAME	TILLOTSON JR, CARL R		3.2 NAME		
STREET ADORESS	641 CLEARLAKE RD		3 3 STREET ADDRESS		
CITY - ST - ZIP	COCOA FL	Theres	3 4. CITY - ST - ZIP		Character Character
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
Crty-St-ZIP		Divers	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		□ otttit	6.2 NAME		The crossite The supplication
NAME STORES LOGGESS			6.2 NAME		

14. Thereby 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 addition.

SIGNATURE:

The Teller

3-5-98

407/631-1060

FILED

Mar 12 1998 8:00am

Secretary of State