FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90204 002 ***150.00

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 # P9700002473

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

JORGE L. MERCADO PAINTING, INC.

Principal Place of Business Ma	iling Address		A HOREL KING ANDER HER HERDE KINGO KIN
	SW SCHLEICHER LANE		
1000 011 007 1001 1011	T ST LUCIE FL 34986		DO NOT WRITE IN THIS SPACE
			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
Ta-	8 8 - (I)		01/06/1997 4. FEI Number Applied For
	Mailing Address		65-0723312 Not Applicable
21 26	Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2	City & State	_	6. Election Campaign Financing\$5.00 May Be
23 28	J., G		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25 29	30		Personal Property Tax.
9. Name and Address of Current Regist		<u>' </u>	10. Name and Address of New Registered Agent
		81 Na	ame
MERCADO, JORGE L		82 St	reet Address (P.O. Box Number is Not Acceptable)
1652 SW SCHLEICHER LANE		102 31	reet Address (1.0. Box Nations is Not Not Spasse)
PORT ST LUCIE FL 34986		83	
		84 Ci	ty 85 Zip Code
		04	
office or registered agent, or both, in the State of Florid agent. I am familiar with, and accept the obligations of, SIGNATURE	a. Such change was auth Section 607.0505, Florida	orized by the orized statutes.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if		gistered Agent sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRE	□ DELETE	1.1 TITLE	Change Addition
TITLE PVT	- DEEL IE	T.T TITLE	
NAME MERCADO, JORGE L. STREET ADDRESS 1652 SW SCHLEICHER LANE		4.2 MANE	
STREET ADDRESS 1652 SW SCHLEICHER LANE		1.2 NAME	77.00
<u> </u>		1.3 STREET ADD	1
CITY-ST-ZIP PORT ST. LUCIE FL 34986	□ DELETE	1.3 STREET ADDI	
CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE S	☐ DELETE	1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE	1
CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE S NAME MERCADO, MILAGRO	☐ DELETE	1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Change Addition .
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \$

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

☐ Change

☐ Addition