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 # P9700008089

FLYING COLORS REFINISHERS, INC.

Principal Place of Business
1790 S.W. 19TH AVENUE .
WILLISTON FL 32696

Mailing Address

1790 S.W. 19TH AVENUE WILLISTON FL 32696

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90056 040 ***150.00



	-							DO NOT WRITE IN THIS	SPACE			
								3. Date Incorporated or Qualifed				
								01/23/1997				
2. P	rincipal P	lace of Business	2a	2a. Mailing Address				4. FEI Number		Applied For	\neg	
21			26	26				59-3420732		Not Applicable	e i	
	uite, Apt.	#, etc.	11	Suite, Apt. #, etc.					\$8.7	5 Additional	٦,	
22	, •		27	1				5. Certificate of Status Desired Fee Required				
	ity & State	e	1,	City & State				6. Election Campaign Financing S5.00 May 8e				
23	•		28	•				Trust Fund Contribution	•	ed to Fees		
	ip .	Country	 '	Zip	Col	untry		8. This corporation owes the current year in			ヿ	
24		25	29	`	30	•		Personal Property Tax.	YYes	□No		
2-4	•	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
THE TOTAL STATE OF THE STATE OF						81	Name				コ	
	FRAI	NCIS. JOHN		*****		Ш					_	
1	1790	NCIS, JOHN S.W. 19TH AVENUE	•			82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
	WILL	JSTON FL 32696				83		1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 11 %	#11: 10 th tall 183	-	
	TTILL	3010N1E 02000				"		는 사람들이 되었다. 그 사람들이 되었다는 것이 되었다. 그는 사람들이 사람들이 사용되었다면서 가득하는 것이 되었다.	24.84	基制制		
		- *				84	City	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 2	ip Code	\dashv	
							•	<u> </u>	. _		_	
111	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 of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											
	agent. I a	m familiar with, and accept the obligati	ons of	f, Section 607.0505, Flor	ida Stat	tutes.	uie corpora		intinent a	registered		
SIGN	NATURE											
3101	NATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered	d Agent	t signature requi	ired when reinstating) (DATE				
12.	OFFICERS AND			DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12		
TITLE		D		☐ DELETE	1.1 T	ITLE		"我我我说 "	Chan	ge 🗌 Additio	on	
NAME	ļ	FRANCIS, JOHN			1.2 N	AME		•				
STREE	REET ADDRESS 1790 S.W. 19TH AVENUE					1.3 STREET ADDRESS						
CITY-S	ST-7IP	WILLISTON FL 32696				ITY-ST	r-ZIP				- 1	
TITLE		DELETE 2.1 TIT					☐ Chan	ge 🔲 Additio	on			
NAME		2.2 N			AMF							
	TADDRESS					2.3 STREET ADDRESS						
		et a de la companya						•				
CITY-S	ST-ZIP	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ DELETE	2. 4 C	CITY-S	1-21		☐ Chan	ge Addition	-n	
TITLE	783	4018, 401 H ()			1					go LI raddiik	"	
NAME:	1 1 74 74 74	S.W. Called as the first			3.2 N			•				
STREE	TADDRESS	BINE LIVE			3.3 \$	TREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		11 1 1 3 3 4 7		
CITY-S	ST-ZIP				_	YY-S	T-ZIP				\perp	
TITLE		,		☐ DELETE	4.1 TI				Chan	gė 🗀 🖸 Additio	nc	
NAME	\$ g - 53.		•	1. The state of th	4.2 N	AME	ĺ					
	TADDRESS	Reserved to the second	٠.	1.5	4.3 S	TREET	ADDRESS					
CITY-S	ST-ZIP				4.4 C	ITY-ST	-ZIP				_	
TITLE				☐ DELETE	-5.1 TI	TLE		· · · · · · · · · · · · · · · · · · ·	Chan	ge 🔲 Additio	эп	
NAME					5.2 N	AME						
STREE	T ADDRESS				5.3 S	TREET	ADDRESS				Ì	
CITY-S		100			5.4 C	ITY-ST	r-ZIP	***				
TITLE	J. 441	Fig. Sp. Sc. Co.		☐ DELETE	6.1 TI	TLE			☐ Chan	ge	on	
NAME]	お客 を見 から発得さ		<u> </u>	6.2 N	AME			_			
	ſ	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		•			ADDRESS					
	TADDRESS											
CITY-\$	ST-ZIP	Marian Carren and Control Control			6.4 C	ITY-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.

SIGNATURE

CR2E034 (11/98)