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Apr 22 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 # P97000009797 (6)

1. Corporation Name
TIM RYAN PAINTING, INC.



Principal Place of Business
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706

Mailing Address
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8769 118th WAY N.
Suite, Apt. #, etc.

City & State
23 SEMINOLE, FL

Zip Country
24 33772 25 PINELLAS

2a. Mailing Address
26 8769 118th WAY
Suite, Apt. #, etc.

City & State
28 SEMINOLE, FL

Zip Country
29 33772 30 PINELLAS

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3420674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GAYTON, JOSEPH E
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name DAWN L. RYAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 8769 118th WAY
84 City SEMINOLE FL 85 Zip Code 33772

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 Dawn L. Ryan

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RYAN, TIMOTHY P
STREET ADDRESS 8879 118TH WAY NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V. PRESIDENT
2.3 STREET ADDRESS Michael T. Ryan
2.4 CITY-ST-ZIP 5902 Memorial BLDG#9 APT 907
TAMPA, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE X Timothy P Ryan

X 4-10-98

CR2E034 (10/97)