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

Mailing Address

4730 NW 39TH TERRACE

GAINESVILLE FL 32606

PROFIT **CORPORATION** ANNUAL REPORT

1998

Principal Place of Business 4730 NW 39TH TERRACE

GAINESVILLE FL 32008

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1998 8:00am

Secretary of State

Change

■ Addition

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000019685 (1) DOCUMENT #

1. Corporation Name

D. BRYAN STEPHENS PAINTING, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 2a, Mailing Address 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEPHENS, D B 4730 NW 39TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** 83 84 Zip Code 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** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition STEPHENS, D B NAME 1.2 NAME 4730 NW 39TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition **STEPHENS, LYNNE** NAME 2.2 NAME 4730 NW 39TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETÉ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP

5.4 CITY - ST - ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP 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

6.1 TITLE

6.2 NAME

DELETE