SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FILED Jul 22, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Katherine Harris **Secretary of State** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 07-22-1999 90012 035 \*\*\*150.00 **DOCUMENT # Ť97000019685**1 D. BRYAN STEPHENS PAINTING, INC. Principal Place of Business Mailing Address 4730 NW 39TH TERRACE 4730 NW 39TH TERRACE GAINESVILLE FL 32606 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3434159 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year \_ Yes 30 Intangible Personal Property. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEPHENS, D B 82 Street Address (P.O. Box Number is Not Acceptable) 4730 NW 39TH TERRACE GAINESVILLE FL 32606 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE \_\_ Change \_\_\_ Addition STEPHENS, D B 1.2 NAME 4730 NW 39TH TERRACE 1.3 STREET ADDRESS ----- ADDRESS GAINESVILLE FL 32606 1.4 CITY-ST-ZIP 2.1 TITLE DELETE Change Addition STEPHENS, LYNNE 2.2 NAME 4730 NW 39TH TERRACE 2.3 STREET ADDRESS \_\_ I ADDRESS **GAINESVILLE FL 32606** 2.4 CITY-ST-ZIP 3.1 TITLE Addition DELETE 3.2 NAME 3.3 STREET ADDRESS \_ ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Addition 4.2 NAME 4.3 STREET ADDRESS \_\_ I ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 5.2 NAME 5.3 STREET ADDRESS \_\_ I ADDRESS 5.4 CITY-ST-ZIP

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

\_\_1 ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3523162823

Change

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BRYAN STEPHENS
ATTO ANALOGUE TERRACE
GAINESVILLE, FL. 32606
PH. <del>99≱</del> -376-0975
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Dear Sir or Madam
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