

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. North</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000020175 (0)**  
1. Corporation Name

**SONNY'S PAINTING SERVICES INCORPORATED**



Principal Place of Business <b>5507 ALHAMBRA DR ORLANDO FL 32808</b>	Mailing Address <b>5507 ALHAMBRA DR ORLANDO FL 32808</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/28/1997**

4. FEI Number

**59-3432105**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☒

**\$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

2. Principal Place of Business

21 **2481 John Young Pkwy**  
Suite, Apt. #, etc.

22 City & State **Orlando, FL.**

23 Zip **32804** Country **U.S.A.**

2a. Mailing Address

26 **2481 John Young Pkwy**  
Suite, Apt. #, etc.

27 City & State **Orlando, FL.**

28 Zip **32804** Country **U.S.A.**

9. Name and Address of Current Registered Agent

**IKEJI, CHUCK  
2879 S CONWAY RD #254  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name	<b>IKEJI, CHUCK</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5990 BRAEMAR PLACE #104</b>
83	
84 City	<b>ORLANDO</b>
85 Zip Code	<b>FL 32822</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/10/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OMUSI, SONNY</b>	
STREET ADDRESS	<b>5507 ALHAMBRA DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OMUSI, GRACE</b>	
STREET ADDRESS	<b>5507 ALHAMBRA DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2481 John Young Pkwy</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL. 32804</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2481 John Young Pkwy</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL. 32804</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SONNY OMUSI**

**PRESIDENT**

**7/10/98**

**(407) 293-5672**

CR2E034 (5/98)