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 # **P97000020499**

RANDALL PETERSON PAINTING, INC.

					_								
Principal Plac	e of Business	Ma	ailing Address						-				
10381 MCARTHUR LN 10381 MCARTHUR LN													
PENSACOLA FL 32534-1353 PENSACOLA FL 32534-1353								DO NOT	WRITE	IN THIS	SPACE		
								3. Date Incorporated or Qu		-			
								02/28/1997	amou			_	
2 Principal F	Place of Business	2a	Mailing Address				-	4. FEI Number				applied For	
	lace of business	26	Walling Address					59-3430711		•	⊢ ∔	lot Applica	
21 Suite, Apt.	# etc	20	Suite, Apt. #, etc.		-							Additiona	
—	, #, Bto.	27	Gaile, Apr. II, Sto.				1	Certifcate of Status Desi	red []		Required	1
City & Star	te	- 21	City & State					6. Election Campaign Finar	ncina -		\$5.0	May Be	ᅥ
		28	J., 2 J					Trust Fund Contribution	[to Fees	
Zip	Country	201	Zip	Coun	try			8. This corporation owes th	e current	vear Inta		-	\neg
—	25	29		30			1	Personal Property Tax.	C COMO	,00	Yes	□No	l
24	9. Name and Address of Currer		stered Agent	1001		,		10. Name and Address of	New Reg	istered .	Agent	• • • •	コ
	o. Italio and Address of Ostror	, itogic		1	31	Name		·				"	
PETI	erson, randall l				_								
1038	81 MCARTHUR LN				32	Street	Addres	s (P.O. Box Number is Not A	cceptable	*)			ŧ
PEN	ISACOLA FL 32534-1353			1	33								
					34	City				FL	85 Zij	Code	
	to the provisions of Sections 607.050	·O 1 O	07.4500 Fl	t th ab			1 005001	ation cubmite this statement f	or the nu		changing i	te renister	ed l
office or	registered agent, or both, in the State	of Florid	da. Such change was a	authorized	' עם	the cord	oration	's board of directors. I hereby	accept th	ne appoi	ntment as	registered	~
agent. I a	am familiar with, and accept the obliga	itions of	, Section 607.0505, Flo	orida Statut	es.								
SIGNATURE												<u>:</u>	. 1
×	Signature, typed or printed name of registered age				gen	t signature	required w	hen reinstating) ADDITIONS/CHANGES T	O OFFIC	DATE	D DIRECT	ODS IN 1	-
12.	OFFICERS AN	ID DIKE		13.			_	ADDITIONS/CHANGES I	O OFFIC	ERS AN	Change		
TITLE	DP		☐ DELETE	1.1 TITL							C Cliange		
NAME	PETERSON, RANDALL L			1.2 NAM									Ì
STREET ADDRESS				1.3 STR	EET	ADDRESS	;						1
CITY-ST-ZIP	PENSACOLA FL 32534-1353			1.4 CIT		T-ZIP	↓				C7.01		
TITLE	DST		☐ DELETE	2.1 TITL	Ε		-	and the second		. 	Lichang	□ Ad	UIUON!
NAME	PETERSON, RANDALL L			2.2 NAA	Æ								Ì
STREET ADDRESS				, 2.3 STR	EET	TADDRESS	;						- 1
CITY-SY-ZIP	PENSACOLA FL 32534-1353			2. 4 CIT	Y-S	T-ZIP			40.				
TITLE			☐ DELETE	3.1 TITL	E		T				Change	e □ Ad	dition
NAME				3.2 NAA	ŧΕ		İ						-
STREET ADDRESS				3.3 STR	EET	T ADDRESS	3						
CITY-ST-ZIP				3.4. CIT	Y-S	T- ZIP							
TITLE			☐ DELETÉ	4.1 TITL	E			·			Chang	e ∏ Ad	dition
NAME				4. 2 NA	ME								
STREET ADDRESS						T ADDRESS	3						j
CITY-ST-ZIP				4.4 CIT									[
TITLE			☐ DELETE	5.1 TITL			+				Chang	e 🔲 Ad	dition
			<u> </u>	5.2 NAM									
NAME						T ADDRESS	s						ŧ
STREET ADORESS				5.4 CIT									
CITY-ST-ZIP			☐ DELETE	6.1 TIT		. 4.11	+				[] Chang	e 🗌 Ad	dition
TITLE				6.2 NA			1						
NAME						T ADDRESS							<u> </u>
CYDEET ADDRESS													

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90227 042 ***150.00