

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90231 048 ***150.00

DOCUMENT # P97000026389

1. Corporation Name

MCPOYLE'S PAINTING, INC.



Principal Place of Business

Mailing Address

3114 45TH ST
STE 1
W PALM BCH FL 33417
US

6262 MULLIN STREET
PALM BEACH GARDEN FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

2. Principal Place of Business

2a. Mailing Address

21

26

3114 45th Street

4. FEI Number

65-0728004

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 1

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

WPB, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24

29

33407

Country

30 PB County

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCPOYLE, MICHELLE
4787 SABLE PINE CIR
C-1
W PALM BCH FL 33417

81 Name

Michelle McPoyle

82 Street Address (P.O. Box Number is Not Acceptable)

906 Dickens Place

83

84 City

West Palm Beach

FL

85 Zip Code

33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME MCPOYLE, MICHELLE
STREET ADDRESS 4787 SABLE PINE CIR C-1
CITY-ST-ZIP W PALM BCH FL 33417

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 906 Dickens Place
1.4 CITY-ST-ZIP WPB, FL 33411

TITLE VP
NAME GAVIN, FRANCIS
STREET ADDRESS 6362 MULLIN ST
CITY-ST-ZIP PALM BCH GDNS FL 33418

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME MCPOYLE, CORY
STREET ADDRESS 220 PERRY AVE
CITY-ST-ZIP GREENACRES FL 33463

3.1 TITLE
3.2 NAME McPoyle, Cory
3.3 STREET ADDRESS 5640 south 38th street
3.4 CITY-ST-ZIP Greenacres, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MICHELLE MCPOYLE

4/13/99

561-683-0090

CR2E034 (11/98)