

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90056 016 ***150.00

DOCUMENT # P97000034976

1. Corporation Name
S PAINTING, INC.

Principal Place of Business
4750 62ND AVENUE NORTH
PINELLAS PARK FL 33731

Mailing Address
P.O. BOX 4301
SEMINOLE FL 33775-4301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3442725

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 8586 Denise Drive
City & State

27 8586 Denise Drive
City & State

23 Largo, FL
Zip Country

28 Largo, FL
Zip Country

24 33777 25 US

29 33777 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

81 Name

Robert E. Surls

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

8586 Denise Drive

83

84 City

Largo

FL

85 Zip Code

33777

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 Robert E. Surls, Pres.

4-9-99

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 PTD ☐ DELETE
NAME SURLS, ROBERT E
STREET ADDRESS P.O. BOX 4301
CITY-ST-ZIP SEMINOLE FL 33775-4301

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8586 Denise Drive
1.4 CITY-ST-ZIP Largo, FL 33777

TITLE V ☐ DELETE
NAME SURLS, SCOTT M.
STREET ADDRESS P.O. BOX 4301
CITY-ST-ZIP SEMINOLE FL 33775-4301

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 12260 - Seminole Blvd. #9
2.4 CITY-ST-ZIP Seminole, FL 33777

TITLE S ☐ DELETE
NAME MCINTOSH, BRUCE
STREET ADDRESS P.O. BOX 4301
CITY-ST-ZIP SEMINOLE FL 33775-4301

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3858 Gau. N.
3.4 CITY-ST-ZIP ST. Petersburg, FL 33713

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

(727) 398-1071

Daytime Phone #

CR2E034 (11/98)

0422644