FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036462 (4)

PROGE	RESS PAINTING, INC.				
Principal Plac	e of Business	Mailing Address			O OLIHO DINIL DEDIT DELLO 1187 1881
3225 SW 29TH AVE. 3225 SW 29TH AVE. NAPLES FL 34117 NAPLES FL 34117			DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualified	
				04/23/1997	
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65.074-7128	Not Applicable
Suite, Apt.	₩, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	6	City & State		6. Election Campaign Financing	
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cu	rent Registered Agent		10. Name and Address of New Register	ed Agent
CORPORATION SERVICE COMPANY 81 Nam					
1201 HAYS STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAI	LLAHASSEE FL 32301-2525				
]			83		
			84 City		85 Zip Code
					-L
office or r agent. I a SIGNATURE	egistered agent, or both, in the St im familiar with, and accept the of Signeture, typed or printed name of registeres	oligations of, Section 607.0505, Fig	authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	
12.	_ 	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	UJLAKY, JOE		1.2 NAME		•
STREET ADDRESS	3225 SW 29TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34117		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DEL e te	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_ 		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

CITY-ST-ZIP

SIGNATURE:

4.22. 1948

941-353-5942

FILED

Apr 29 1998 8:00am

Secretary of State