

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000041271 (2)
 1. Corporation Name
THOMAS FRIESWYK PAINTING, INC.



Principal Place of Business 4641 HAINES RD. NORTH ST PETERSBURG FL 33714	Mailing Address 4641 HAINES RD. NORTH ST PETERSBURG FL 33714
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1314 1st St. N. Suite, Apt. #, etc.	2a. Mailing Address 26 1314 1st St. N. Suite, Apt. #, etc.	23 ST. Petersburg, FL City & State 24 33701 Zip 25 Pinellas Country	27 28 ST. Petersburg, FL City & State 29 33701 Zip 30 Pinellas Country
--	---	---	---

3. Date Incorporated or Qualified 05/05/1997	
4. FEI Number 59-3445825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FRIESWYK, MARY J
 4641 HAINES RD. NORTH
 ST PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81 Name	Frieswyk, Mary J
82 Street Address (P.O. Box Number is Not Acceptable)	1314 1st St. N.
83	
84 City	ST. Petersburg FL
85 Zip Code	33701

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 Mary J. Frieswyk Secretary/Treasurer April 20, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIESWYK, MARY J	
STREET ADDRESS	4641 HAINES RD. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIESWYK, THOMAS	
STREET ADDRESS	4641 HAINES RD. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
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	S/T Frieswyk, Mary J.	
1.3 STREET ADDRESS	1314 1st St. N.	
1.4 CITY-ST-ZIP	ST. Petersburg, FL 33701	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Frieswyk, Thomas	
2.3 STREET ADDRESS	1314 1st St. N	
2.4 CITY-ST-ZIP	ST. Petersburg, FL 33701	
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: Mary J. Frieswyk Mary J. Frieswyk 4-20-98 (813) 894-2115

CR2E034 (10/97)