

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000041271 (2)**  
 1. Corporation Name  
**THOMAS FRIESWYK PAINTING, INC.**



Principal Place of Business <b>4641 HAINES RD. NORTH                  ST PETERSBURG FL 33714</b>	Mailing Address <b>4641 HAINES RD. NORTH                  ST PETERSBURG FL 33714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1314 1st St. N.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1314 1st St. N.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>05/05/1997</b>	4. FEI Number <b>59-3445825</b>
22 City & State 23 <b>ST. Petersburg, FL</b>	27 City & State 28 <b>ST. Petersburg, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33701</b>	25 Country <b>Pinellas</b>	29 Zip <b>33701</b>	30 Country <b>Pinellas</b>

7. Name and Address of Current Registered Agent <b>FRIESWYK, MARY J                  4641 HAINES RD. NORTH                  ST PETERSBURG FL 33714</b>	10. Name and Address of New Registered Agent 81 Name <b>Frieswyk, Mary J</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1314 1st St. N.</b> 83 84 City <b>ST. Petersburg FL</b> 85 Zip Code <b>33701</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIESWYK, MARY J</b>	1.2 NAME	<b>Frieswyk, Mary J.</b>
STREET ADDRESS	<b>4641 HAINES RD. NORTH</b>	1.3 STREET ADDRESS	<b>1314 1st St. N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	1.4 CITY-ST-ZIP	<b>ST. Petersburg, FL 33701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIESWYK, THOMAS</b>	2.2 NAME	<b>Frieswyk, Thomas</b>
STREET ADDRESS	<b>4641 HAINES RD. NORTH</b>	2.3 STREET ADDRESS	<b>1314 1st St. N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	2.4 CITY-ST-ZIP	<b>ST. Petersburg, FL 33701</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)