

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90015 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000041271

1. Corporation Name  
**THOMAS FRIESWYK PAINTING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1314 1ST ST N, ST PETERSBURG FL 33701, US  
 Mailing Address: 1314 1ST ST N, ST PETERSBURG FL 33701, US

3. Date Incorporated or Qualified: 05/05/1997

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: 59-3445825  
 Applied For: Not Applicable

23. City & State (23) (28)  
 24. Zip (24) Country (25) (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State (23) (28)  
 24. Zip (24) Country (25) (29) Country (30)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip (24) Country (25) (29) Country (30)

8. This corporation owes the current year Intangible Personal Property Tax: Yes  No

9. Name and Address of Current Registered Agent  
**FRIESWYK, MARY J**  
**1314 1ST ST N**  
**ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	FRIESWYK, MARY J
STREET ADDRESS	1314 1ST ST N
CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	P <input type="checkbox"/> DELETE
NAME	FRIESWYK, THOMAS
STREET ADDRESS	1314 1ST ST N
CITY-ST-ZIP	ST PETERSBURG FL 33701
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Thomas Frieswyk* Thomas Frieswyk 4/29/99 727-894-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)