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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041962 (6)

## FILED Mar 13 1998 8:00am Secretary of State

R & R PAINTING CO. Principal Place of Business Mailing Address 3560 EDGEWOOD AVE 3560 EDGEWOOD AVE FT MYERS FL 33916 FT MYERS FL 33916 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0759113 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REBORCHICK, PAULA 3560 EDGEWOOD AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33916 83 84 City 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 (NO1): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE REBORCHICK, PAULA NAME 1.2 NAME 3560 EDGEWOOD AVE 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33916 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELFTE Change Addition TITLE NAME REBORCHICK, MARK 2.2 NAME STREET ADDRESS 3560 EDGEWOOD AVE 2.3 STREET ADDRESS FT MYERS FL 33916 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP

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 chapter 607, or on an attachment with an address

SIGNATUREX Julia To bot Chi A signature and type on Painted NAME OF SIGNING OFFICER DE DIRECTOR

-38 x 337-0655