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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra By Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P97000046134 (7) DOCUMENT #

JR & S PAINTING INC.

FILED May 27 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1909 PEREGRINE PLACE 1909 PEREGRINE PLACE MIDDLEBURG FL \$2068 MIDDLEBURG FL 32068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1997 2. Principal Place of Business 2a. Mailing Address FEI_Number Applied For Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 61 LANCASTER, SARA 1909 PEREGRINE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG FL 32068 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition 1.1 THUE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITI F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY: ST-ZIP CITY-ST-ZIP TITLE 3 1 111LE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7)P Change ☐ Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 4122/08