

APR-30-99 FRI 14:49 R L HEFFERNAN CPA PA
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

407

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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000051205			
1. Corporation Name STEFFEN STRIPING INC			
Principal Place of Business 17676 TANGERINE BLVD LOXAHATCHEE FL 33470		Mailing Address 17676 TANGERINE BLVD LOXAHATCHEE FL 33470	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06-09-97	
24		25		4. FEI Number 65-0743864	
29		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
33		34		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
35		36		8. Name and Address of Current Registered Agent	

STEPHEN P. STEFFEN
17676 TANGERINE BLVD
LOXAHATCHEE FL 33470

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEFFEN, STEPHEN P.	1.2 NAME	
STREET ADDRESS	17671 TANGERINE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X /Stephen P. Steffen President 04-29-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1/99)