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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059207

SNAPP PAINTING & PRESSURE CLEANING, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90036 026 ***150.00

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Principal Place	e of Business	Mailing Ad	ddress				., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1728 17TH LANE GREENACRES FL 33467		1728 17TH LANE GREENACRES FL 33467				DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed	<u> </u>	
						07/07/1997		
2. Principal P	lace of Business	2a. Mailing	g Address			4. FEI Number	<u> </u>	Applicable
21		26	 			65-0783665		
Suite, Apt.	#, etc	<u> </u>	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 °A Fee Re	
22		27 City &	State			C. Floation Communication Financing	\$5.00	
City & State	e	 	State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23	Country	28 Zip		Cou		8. This corporation owes the current year		
Zip		29		30	,	Personal Property Tax.		□No
24	9. Name and Address of Curre		aent	<u> </u>		10. Name and Address of New Registere	d Agent	
	5. Idanic and Addition of Contract				81 Name			
SMITH, DONNA						ress (P.O. Box Number is Not Acceptable)	<u> </u>	
16113 E WILTSHIRE DR					MARTI	N & MARTIN TAX & ACC	NG DIK	
LOX	AHATCHEE FL 33470				83			~ {
					1704 84 City	17+5 LANE	. 85 Zip C	ode
					84 City	WORTH F		463
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	3, Florida Statut	tes, the a	hove-named com	poration submits this statement for the numose	of changing its	registered
_60	registered agent, or both, in the Stat im familiar with, and accept the oblig	o of Florida Suci	h change was a	uithonze	n ny toe comoniau	ion's board of directors. Thereby accept the app	Omment as reg	Jistered
•	Statter in 7	12/2			ANI T. MI		9	
SIGNATURE	Signature, typed of printed name of registered as		e. (NOTE	Registered	Agent signature require			20 114 42
12.	OFFICERS A	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P		☐ DELETE	1.1 Ti	TLE		☐ Cuan6e	
NAME	Snapp, Stephen D					•		i
STREET ADDRESS	1728 17TH LANE			1.2 N		·		ļ
CITY-ST-ZIP					AME TREET ADDRESS	,		
GIT1-31-ZIF	GREENACRES FL 33467			1.3 S 1.4 C	TREET ADDRESS		Change	Addition
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			☐ DELETE	1.3 S 1.4 C 2.1 TI 2.2 N	TREET ADDRESS ITY-ST-ZIP ITLE AME		☐ Change	Addition
TITLE			DELETE	1.3 S 1.4 C 2.1 TI 2.2 N	TREET ADDRESS ITY-ST-ZIP ITLE		☐ Change	Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76/96/90// Daytime Phone #