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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060955

1. Corporation Name

DANIS TRIM STRIPING INC

May 06, 1999 8:00 am Secretary of State

05-06-1999 90121 007 ***150.00

DANOI	771114 011111 1140, 1140.								
Principal Plac	e of Business	Mailir	ng Address				7 1884 891 118 18(11 1881) 891(1 94(11 941) 881(18 STILL BELLE 1	iimi Aiffil Alii (na)
229 MICHAEL A MARY ESTHER			229 MICHAEL AVENUE MARY ESTHER FL 32569				DO NOT WRITE IN TH	IS SPACE	
							3. Date Incorporated or Qualifed		
							07/11/1997		
2 Principal P	Place of Business	2a. M	ailing Address			-	4. FEI Number		Applied For
21	idos or Dualriesa	26	ig / 1001000				59-3459958	H	Not Applicable
Suite, Apt.	#, etc. ^		uite, Apt. #, etc.				_	\$8.7	5 Additional
22	,	27	•				5. Certifcate of Status Desired	Fee	Required
City & Stat	te	C	ity & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28					Trust Fund Contribution		ed to Fees
Zip	Country	Zi	p	_	untry		8. This corporation owes the current year		(7)
24	25	29		30	· · · ·		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Register	ed Agent		81	Name	10. Name and Address of New Registere	а Аделт	
LILD STITE	IRGEN, WILLIAM M JR				67	ivarrie			
	3 COUNTRY PLACE CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		_ 7
	ISACOLA FL 32534-9501				83				
1 111	O TO DE LE GEOGRAPHICA				33				
					84	City	F	85 2	ip Code
11 5	to the associations of Sections 507 050	2 and 607	1509 Elorida Statut	tee the s	hove	anamed come	oration submits this statement for the purpose	of changing	its registered
l office or i	registered agent, or both, in the State.	of Florida.	Such change was a	authorized	d by t	tne corporatio	in's board of directors. I hereby accept the app	ointment a	registered
agent. Fa	am familiar with, and accept the obliga	itions of, Se	ection 607.0505, Flo	rida Stat	tutes.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if an	nlicable (NOT)	F: Registers	d Acert	t signature required	t when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN		<u> </u>	13.	<u> </u>	graciore required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D		☐ DELETE	1.1 TI	ITLE			Chan	ge Addition
NAME	BAGGETTE, DANIEL P			1.2 N	IAME				
STREET ADDRESS				135	TREET	ADDRESS			ļ
CITY-ST-ZIP	MARY ESTHER FL 32569				HTY-ST	1			
TITLE	D		☐ DELETE	2.1 Ti		······			ge Addition
NAME	BAGGETTE, ROSANNE							Char	go Lil Madillati
STREET ADDRESS	AGG AUGUSEL ALIENUE			2.2 N	AME			☐ Char	go [[] / Daile
CITY-ST-ZIP	.					ADDRESS		☐ Char	go [[] //adilion
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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:

Rosaume Bagge He 4.30.99