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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065952 (8)

ROYAL CASTLE PAINTING, PAPER HANGING, PRESSURE W ASHING, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1110 MEADOW LAKE WAY, APT. 208 1110 MEADOW LAKE WAY, APT. 206 WINTER SPRINGS FL 32708-5222 WINTER SPRINGS FL 32708-5222 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρι Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. □ No 24 29 2. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CUMMINGS, HUGH 1110 MEADOW LAKE WAY, APT. 206 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708-5222 83 City 85 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 Statutos. SIGNATURE Signature, typod or printed mone of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change TITLE 1.1 TITLE **CUMMINGS, HUGH** NAME 1.2 NAME 1110 MEADOW LAKE WAY, APT. 206 STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708-5222 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$1-2IP CITY-ST-ZIP TITLE DELETE 4.1 DILE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 3011024350-EGange DELETE 61 TITLE Addition TITLE -**0**4/24/98--01018--026 NAME 62 NAME ***150.00 6.3 STREET ADDRESS STREET ADORESS 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 trusted 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.