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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073521

1. Corporation Name
T.C.R. PAINTING, INC.

Principal Place of Business
**2112 PLYMOUTH-SORRENTO RD.
APOPKA FL 32712**

Mailing Address
**2112 PLYMOUTH-SORRENTO RD.
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1997

4. FEI Number
59-3467088

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

**ROGERS, TERRY
2112 PLYMOUTH-SORRENTO RD.
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name **Carolyn Rogers**
82 Street Address (P.O. Box Number is Not Acceptable)
2112 Plymouth-Sorrento Rd
83
84 City **Apopka** FL 85 Zip Code **32712**

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 **Carolyn Rogers Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ROGERS, TERRY**
STREET ADDRESS **2112 PLYMOUTH-SORRENTO RD.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE
NAME **Carolyn Rogers**
STREET ADDRESS **2112 Plymouth Sorrento Rd.**
CITY-ST-ZIP **Apopka, FL 32712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☒ Change ☐ Addition
1.2 NAME **Terry Rogers**
1.3 STREET ADDRESS **2112 Plymouth Sorrento Rd**
1.4 CITY-ST-ZIP **Apopka, FL 32712**

2.1 TITLE **President** ☐ Change ☒ Addition
2.2 NAME **Carolyn Rogers**
2.3 STREET ADDRESS **2112 Plymouth-Sorrento Rd**
2.4 CITY-ST-ZIP **Apopka, FL 32712**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Carolyn Rogers President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)