

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 # P97000084353

1. Corporation Name
NAPIERACZ PAINTING INC.

Principal Place of Business

2580 EASTILL DR
JACKSONVILLE FL 32211
US

Mailing Address

2580 EASTILL DR
JACKSONVILLE FL 32211
US

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90023 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

59-3469177

Applied For

Not Applicable

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 10599 Lake View Rd E

26 10599 Lake View Rd E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32225

Country

25 USA

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

NAPIERACZ, DAVID J
2580 EASTILL DR
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name David J Napieracz

82 Street Address (P.O. Box Number is Not Acceptable)

10599 Lake View Rd E

83

84 City Jacksonville

FL

85 Zip Code 32225

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 Michelle Napieracz Michelle Napieracz 1st Vice President 2/6/99
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
STREET ADDRESS NAPIERACZ, DAVID J
CITY-ST-ZIP 2580 EASTILL DR
JACKSONVILLE FL 32211

TITLE ☐ DELETE
NAME D
NAME NAPIERACZ, MICHELLE L
STREET ADDRESS 2580 EASTILL DR
CITY-ST-ZIP JACKSONVILLE FL 32211

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 ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS David J Napieracz
1.4 CITY-ST-ZIP 10599 Lake View Rd E
Jacksonville FL 32225

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS Michelle L Napieracz
2.4 CITY-ST-ZIP 10599 Lake View Rd E
Jacksonville FL 32225

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: Michelle Napieracz Michelle Napieracz 2/6/99 (904) 646-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)