

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

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 31 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089178
1. Corporation Name

ECLIPSE PAINTING & DECORATING, INC.

Principal Place of Business Mailing Address
10560 BAYHILLS CIRCLE P.O. BOX 305
THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
		26		10/15/97		59-3472377		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible		Personal Property Tax.	
27		27		<input type="checkbox"/>		8.75 Additional		Fee Required	
City & State		City & State		6. Election Campaign Financing		5.00 May Be		Added to Fees	
28		28		<input type="checkbox"/>		Trust Fund Contribution			
Zip		Zip		Country		Country			
25		29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTOS, JAMES R
10560 BAYHILLS CR.
THONOTOSASSA, FLORIDA
33592

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 Statutes.

SIGNATURE X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT, JAMES INTOS
Date
Daytime Phone #

208

Eclipse Painting & Decorating, Inc.
P.O. BOX 6327
TALLAHASSEE, FLORIDA
32314

May 15, 2000

Florida Department of State
ATTN: Leslie Sellers
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

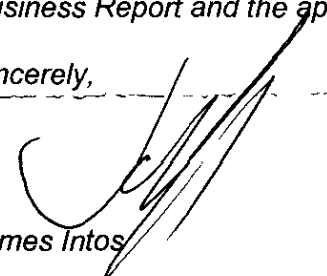
Dear Ms. Sellers:

I am responding to your notice dated April 26, 2000 concerning our corporation reinstatement.

The application was not forwarded to our new address and was returned to your address. This was verified by your department.

As per instructions, we are submitting our 1999 and 2000 Annual Report/Uniform Business Report and the appropriate fees.

Sincerely,


James Intos