

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Sep 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000089984 (3) 1. Corporation Name FOUR SEASONS PAINTING OF FLORIDA INC.			
Principal Place of Business 105 ANCHOR DRIVE PONCE INLET FL 32127		Mailing Address 105 ANCHOR DRIVE PONCE INLET FL 32127	
2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MAGONE, ANTHONY J 105 ANCHOR DRIVE PONCE INLET FL 32127		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 Statutes. SIGNATURE: [Signature] DATE: 8-26-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE: President NAME: Anthony J. Magone STREET ADDRESS: 105 Anchor Dr. CITY-ST-ZIP: Ponce Inlet FL 32127 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1997	Applied For Not Applicable
4. FEI Number 593478486	
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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No	

CR2E034 (5/98)

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.

8-26-98 904 756-8341