

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

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093129 (9)
1. Corporation Name
SIGLER PAINTING INC.



Principal Place of Business 5270 N. WOOL POINT DUNNELLON FL 34433	Mailing Address 5270 N. WOOL POINT DUNNELLON FL 34433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8743 95th TER. N.		2a. Mailing Address 26 P.O. BOX 4323		3. Date Incorporated or Qualified 10/28/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 593483882	
23 City & State SEMINOLE FL.		28 City & State SEMINOLE, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33775		29 Zip 33775		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SIGLER, GENE
5270 N. WOOL POINT
DUNNELLON FL 34433**

10. Name and Address of New Registered Agent
81 Name **SIGLER EUGENE JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
8743 95th TER. N.
83
84 City **SEMINOLE** FL 85 Zip Code **33775**

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 *Eugene Sigler* (NOTE: Registered Agent signature required when reinstating) DATE **4-18-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIGLER, GENE	
STREET ADDRESS	5270 N. WOOL POINT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAY, DENNIS	
STREET ADDRESS	6300 144TH AVE. NORTH	
CITY-ST-ZIP	CLEARWATER FL 33780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, JOHN	
STREET ADDRESS	5661 98TH TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIGLER, EUGENE JR.
1.3 STREET ADDRESS	8743 95th TER. N.
1.4 CITY-ST-ZIP	SEMINOLE, FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

EUGENE SIGLER

CR2E034 (10/97)