

**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. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000098143 (5)**

1. Corporation Name  
**JMC PAINTING & WATERPROOFING, INC.**



Principal Place of Business  
**238 8TH AVE SO  
NAPLES FL 34102**

Mailing Address  
**238 8TH AVE SO  
NAPLES FL 34102**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **4630 Gulfstream Dr.**  
Suite, Apt. #, etc.  
22 **#6**  
City & State  
23 **Naples, FL**  
Zip  
24 **34112** Country  
25 **U.S.**

2a. Mailing Address  
26 **4630 Gulfstream Dr.**  
Suite, Apt. #, etc.  
27 **#6**  
City & State  
28 **Naples, FL**  
Zip  
29 **34112** Country  
30 **U.S.**

3. Date Incorporated or Qualified  
**11/17/1997**

4. FEI Number  
**59-3479060** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CIPOLLA, JOHN M  
238 8TH AVE SO  
NAPLES FL 34102**

10. Name and Address of New Registered Agent  
81 Name **John M Cipolla**  
82 Street Address (P.O. Box Number is Not Accepted) **4630 Gulfstream Dr. #6**  
83  
84 City **Naples** FL 85 Zip Code **34112**

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 *J.M. Cipolla* **John M Cipolla President** **4/10/98**  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CIPOLLA, JOHN M</b>	
STREET ADDRESS	<b>238 8TH AVE SO</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John M. Cipolla</b>	
1.3 STREET ADDRESS	<b>4630 Gulfstream Dr</b>	
1.4 CITY-ST-ZIP	<b>Naples, FL 34112</b>	
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 an attachment with an address.

SIGNATURE *J.M. Cipolla* **John M Cipolla** **4/10/98** *(under seal)*

CR2E034 (10/97)