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).

Mailing Address

PALM CITY FL 34990

5302 SW SUNSHINE FARMS WAY

PROFIT CORPORATION ANNUAL REPORT

1998 °

Principal Place of Business

PALM CITY FL 34990

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z#

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

5302 SW SUNSHINE FARMS WAY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ' .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101771 (8)

DW CORDIER PAINTING & DECORATING INC.

3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-019877 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORDIER, DAVID W Name 5302 SW SUNSHINE FARMS WAY 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE President __ DELETE Change Addition NAME DAVID W. Cordier 1.2 NAME STREET ADDRESS 5302 SW Sunstine Farms Way 1.3 STREET ADDRESS CITY-ST-ZIP Palm City FL 34990 1.4 CITY-ST-ZIP TITLE 2.1 TITLE] DELETE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE __ Addition NAME 3.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Chapter 607, Florida Statutes; and that my name appears

ENATURE X / STORIGE STORING TO THE TOTAL OF THE PROPERTY OF TH

FILED Sep 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

25034 (5/98)

Change

___ Addition

Addition

Change Addition