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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102433 (4)

FIRST SERVICE PAINTING, INC.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			s saaistet sid ibist naars aditi desti Salds iten Abite steit didad rindt likt ides	
2180 W FIRST ST STE 218A 2180 W FIRST ST STE 218A			8A	
FT MYERS FL 33901		FT MYERS FL 33901		DO NOT WRITE IN THIS SPACE
!				3. Date incorporated or Qualified
				12/03/1997
2. Principal Place of Business		2a. Mailing Address		4 FEI Number Applied Sec
21		26		65-0798335 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution Added to Fees
24	25		30	This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
8-1	g. Name and Address of Curre		30 1	10. Name and Address of New Registered Agent
JYNELLA, QEORGE W 81 Name				
2180 W FIRST ST STE 218A			00 04-04	Address (D.O. Dan Nillenberge Nilst Assessable)
FT MYERS FL 33901			82 Street	Address (P.O. Box Number is Not Acceptable)
			63	
			84 City	les 7in Oada
			B4 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				
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) DATE				
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DECEMBER OF THE PROPERTY OF	□ perere	1.1 TITLE	Change Addition
NAME	JYNELLA, GEORGE W 2180 W FIRST ST STE 218/		1.2 NAME	
STREET ADDRESS	FT MYERS FL 33901	`	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	JYNELLA, WILLIAM		2.2 NAME	1
STREET ADDRESS	2180 W FIRST ST STE 218/	4	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	•	2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		•	3.3 STREET ADDRESS	
CITY-ST-ZNP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.3 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	-
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.8 STREET ADDRESS	
CITY-ST-ZHP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	[6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	<u> </u>
CITY-ST-ZIP	l		6.4 CITY-ST-ZIP	
14. Ihereby	ceruty that the information supplied.	with this filling does not qualify for	r the exemption state	ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

Sand

GEORGE

WOJYNSILA

3/13/98

337-4545

CR2E034 (10/97