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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000103340 (0)

WILLIAM K FERRELL PAINTING, INC.

## FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
					· ·		
4622 SE 20TH PLACE 4622 SE 20TH PLACE CAPE CORAL FL 33904 CAPE CORAL FL 33904							
ON E COM	16 90001	VIII D VVIII I D VVVI			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					12/08/1997		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			58-2357905	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5 Additional Regulred	
22 Oh. 4 Ciata		27					
City & State		City & State	h <del>-</del> ¬ ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country Zip Count						
Zip	<del> </del>	· · · · · · · · · · · · · · · · · · ·	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \( \square\) No		
24	25   29   30   9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				1 Name			
FERRELL, WILLIAM							
	622 SE 20TH PLACE		B2 Street A		ddress (P.O. Box Number is Not Acceptable)		
	APE CORAL FL 33904		63				
•			8	4 City	FL  85  <sup>2</sup>	Zip Code	
44 Dureuon	at to the provisions of Sections 607 Of	02 and 607 1508 Florida Statut	es the abo	ve-named co	rnoration submits this statement for the purpose of changing	a its registered	
office or	realistered enent, or both, in the State	le of Florida. Such change was a	uthorized l	by the corpor:	ation's board of directors. I hereby accept the appointment	as registered	
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505, Fig	orida Statut	es.			
SIGNATURE	Signature, typed or printed name of registered a	pont and title if applicable. (NOT	: Registered A	gent signature reg	ulred whon reinstating) DATE	<u> </u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	FORS IN 12	
TITLE	D	DELETE 1.1 TI		T.	Chan	ge Addition	
NAME	FERRELL, WILLIAM 12		1.2 NAMI	E			
STREET ADDRESS	4444 67 4474 61 467		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	A.D. A.D. H. A.A.A.		1.4 CITY	-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Chan	ge Addition	
NAME	221		2.2 NAMI	Ε			
STREET ADDRESS	ORESS 2.3		2.3 STRE	2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE			3.1 TITLE		☐ Chan	ge Addition	
NAME	3.21		3.2 NAM	E			
STREET ADDRESS	s   ·		3.3 STRE	ET ADDRESS		l	
CITY-ST-ZIP	ST-ZIP 3.4.		3.4. CITY	-ST-ZIP			
TITLE	n.t.est		4.1 TITLE		☐ Chan	ge 🔲 Addition	
NAME			4. 2 NAV	16			
STREET ADDRESS	5		4.3 STRE	ET ADORESS			
CITY-ST-ZIP			4.4 CfTY	-ST-ZIP			
TITLE			5.1 TITLE		☐ Chan	ge Addition	
NAME			5.2 NAM	E		ļ	
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-\$1-ZIP	-		5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Chan	ge Addition	
NAME			6.2 NAM	Ē		1	
STREET ADDRESS	s		6.3 STAE	ET ADDRESS	•		
CITY-ST-ZIP			6.4 City	-ST-ZIP			
44 I hereby	continue that the information supplied	with this filing does not qualify to			in Section 119.07(3)(i). Florida Statutes, I further certify that	the information	

In thereby 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 inclicated on this annual report or supplientental 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 applicably with an address.

4-10-98

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