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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90145 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000002188

1. Corporation Name

MAYENSCHIN PAINTING, INC.

Principal Place of Business

4838 S. SEMORAN BLVD., APT. 907
ORLANDO FL 32822

Mailing Address

4838 S. SEMORAN BLVD., APT. 907
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3483773

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3619 S. Crystal Lake Dr.

Suite, Apt. #, etc.

22 City & State

23 Orlando Florida

Zip

24 32806

Country

25 USA

2a. Mailing Address

26 3619 S. Crystal Lake Dr.

Suite, Apt. #, etc.

27 City & State

28 Orlando Florida

Zip

29 32806

Country

30 USA

9. Name and Address of Current Registered Agent

MAYENSCHIN, DANNY
4838 S. SEMORAN, APT. 907
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81

Name Mayenschein, Danny

82

Street Address (P.O. Box Number is Not Acceptable)

3619 S. Crystal Lake Dr

83

84

City Orlando

FL

85 Zip Code 32806

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MAYENSCHIN, DANNY
STREET ADDRESS 4838 S. SEMORAN APT. 907
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE

NAME MAYENSCHIN, JACQUELINE
STREET ADDRESS 4838 S. SEMORAN APT. 907
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Danny Mayenschein ☒ Change ☐ Addition

1.2 NAME 3619 S. Crystal Lake Dr.
1.3 STREET ADDRESS Orlando, FL 32806
1.4 CITY-ST-ZIP

2.1 TITLE Jacqueline Mayenschein ☒ Change ☐ Addition

2.2 NAME 3619 S. Crystal Lake Dr.
2.3 STREET ADDRESS Orlando, FL 32806
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)