

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000002263**
Corporation Name
PAINTWORKS, INC.

Principal Place of Business
**173 BRIAR CIRCLE
BAYONET POINT FL 34667**

Mailing Address
**10173 BRIAR CIRCLE
BAYONET POINT FL 34667**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90005 031 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3487772	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VAN BUMBLE, ROXANNE 10173 BRIAR CIRCLE BAYONET POINT FL 34667				81 Name Van Bumble Scott	
				82 Street Address (P.O. Box Number is Not Acceptable) 10173 Briar Circle	
				83	
				84 City Bayonet Point FL 85 Zip Code 34667	

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 **Scott Van Bumble** (NOTE: Registered Agent signature required when reinstating) DATE **9-02-99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME VAN BUMBLE, ROXANNE	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. ADDRESS 10173 BRIAR CIRCLE		1.2 NAME Scott Van Bumble	
3. CITY-STATE-ZIP BAYONET POINT FL 34667		1.3 STREET ADDRESS 10173 Briar Circle	
		1.4 CITY-STATE-ZIP Bayonet Point FL 34667	
4. NAME ROXANNE VAN BUMBLE	<input type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS 10173 BRIAR CIRCLE		2.2 NAME Roxanne Van Bumble	
6. CITY-STATE-ZIP BAYONET POINT FL 34667		2.3 STREET ADDRESS 10173 Briar Circle	
		2.4 CITY-STATE-ZIP Bayonet Point FL 34667	
7. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: **Roxanne Van Bumble** DATE: **9-02-99** TELEPHONE: **127-86-3512**

CR2E034 (5/99)

PAINTWORKS, INC.
10173 BRIAR CIRCLE
BAYONET POINT, FL 34667
(727)862-3512
FEI 59-3487772

P98000002263
612733-90005-31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

To Whom It May Concern,

I sent in the Corporation Annual Report for Paintworks, Inc. in April, 99. The check for the \$150.00 fee has not been cashed; therefore, I am assuming it was lost in the mail. I called your office on Sept. 1, 99 and was instructed to send in the 2nd notice form along with this letter explaining my situation with a new check.

Thank you,



Roxanne M. Van Bumble