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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90037 024 ***150.00

DOCUMENT #	P9800000374	40
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1. Corporation Name

DICK FA	GLE PAINTING, INC.						. I SERVICEN HE RENE HERN ERNI BERN ERNI ERNI ERNI ERNI ERNI ERNI ERNI E		
Principal Plac	e of Business	Mailing .	Address				47		
6468 SEALAWN	The state of the s		ALAWN DRIVE						
SPRING HILL FL 34606 SPRING HILL FL 34606				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed 01/12/1998		
2. Principal P	lace of Business	2a. Mail	ing Address				& FEI Number	Apr	lied For
21		26	·				59-3487583	Not	Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.				5 Contifered of Status Desired \$8	. 75 A	dditional
City & Stat	e		& State					5.00 N	
Zip	Country 25	Zip	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.)	Νο
24	9. Name and Address of Currer			<u>•,</u>			10. Name and Address of New Registered Agent		•
6468 SPRI	LE, RICHARD B SEALAWN DRIVE ING HILL FL 34606 to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Su	ch change was auth	, the ab	83 Cove-na by the	ity	poration submits this statement for the purpose of changion's board of directors. I hereby accept the appointment	Zip C ing its r as reg	registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applica	able. (NOTE: R	egistered i	Agent sign	nature requir	ed when reinstating) DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOF	RS IN 12
TITLE			☐ DELETE	1.1 111	LE	P	resident	ıange	Addition
NAME STREET ADDRESS				1.2 NA 1.3 STF	ME REET ADD	RESS 6	resident och ichard Fagle 468 SEALAWN Dr.		
CITY-ST-ZIP				1.4 CIT	Y-ST-ZIP	. <u></u>	pring Hill, FL. 34606		
TITLE				2.1 TIT				ange	☐ Addition
NAME				2.2 NA	ME				
STREET ADDRESS				2.3 ST	REET ADD	DRESS			
CITY-ST-ZIP					TY-ST-ZIF				j
TITLE			☐ DELETE	3.1 TIT				ange	☐ Addition
NAME				3.2 NA	ME				į
STREET ADDRESS				1	REET ADD	DRESS			}
CITY-ST-ZIP					TY-ST-ZIF	- 1			
TITLE			☐ DELETE	4.1 TIT		+		nange	Addition
NAME				4. 2 NA					
					REET ADD	DRESS			
STREET ADDRESS				4.0 011					

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.

4.4 CITY+ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

- DELETE

□ DELETE

Change

☐ Change

Addition

Addition