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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P9800007835

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90049 016 ***150.00

| JACKS P | AINTING, INC. | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Principal Place | of Business | | Mailing Address | | | | | 1,22,11 | | | | | |
| 10302N NW 54 PLACE 10302N NW 54 PLACE | | | | | | | | | | | | | |
| CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | | | 3 Date Incom | porated or Qualit | | 01 7102 | | |
| | | | | | | | | 01/26/19 | | _ | | | |
| 2 Principal Pl | ace of Business | | 2a. Mailing Addr | ess | | | | 4. FEI Numbe | | - | (| Appl | lied For |
| 2. Principal Place of Business | | | 26 | | | | | 6500 | 62351 | 7 | | | Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | <u> </u> | | \$8.7 | 5 Ad | Iditional |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired Fee Required | | | | | uired |
| City & State | | | City & State | | | | | 6 Election Ca | ampaign Financi | ng - | \$5. | 00 M | lay Be |
| 23 | - | | 28 | | | | | - - | Contribution | ''9 🔲 | | | Fees |
| Zip | Cou | ntry | Zip | | Country | | | 8. This corpo | ration owes the | current year | Intangible | | |
| 24 | 25 | • | 29 | 30 | | | | Personal F | roperty Tax. | | ☐ Yes | Ž | No |
| | | dress of Currer | nt Registered Agent | | | | | 10. Name and | Address of Ne | w Registere | d Agent | | |
| | | | | | 81 | Nam | е | | | | | | |
| | ON, JACK | | | | 82 | Stro | t Addres | ss (P.O. Box Nu | mher is Not Acc | entable) | | | |
| | 2N NW 54 PLACE | | | | 62 | 3000 | n Addie. | 33 (1 .0. 00x 140 | INDER IS NOT THE | оршою, | | | |
| COR | al springs fl 3 | 3076 | | | 83 | | | | | | | - | |
| | | | | | | - | | | | | . 85 | Zip Co | ada |
| | | | | | 84 | City | | | | F | `L °° | Lip Ct | , de |
| | | | | | | | | | | 44 | of changin | . 14 | |
| 11 Pursuant | to the provisions of S | Sections 607.050 | 2 and 607.1508, Flori | da Statutes, t | he above | e-name | d corpor | ration submits th | is statement for | tne purpose | or Granging | jus re | egistered |
| office or re | to the provisions of S | oth in the State | of Florida, Such chan | ge was autho | nzed by | the co | d corpor poration | ration submits the n's board of direc | is statement for ctors. I hereby ac | the purpose scept the app | ointment a | s regi | egistered stered |
| office or re agent. I a | anistered agent, or he | oth in the State | 22 and 607.1508, Flori of Florida. Such chan ations of, Section 607.0 | ge was autho | nzed by | the co | ed corpor poration | ration submits th | is statement for ctors. I hereby ac | tne purpose scept the app | pointment a | s regi | egistered istered |
| office or re | egistered agent, or bo m familiar with, and a | oth, in the State accept the obliga | of Florida. Such chan tions of, Section 607.0 | ge was autho 0505, Florida | nzed by Statutes. | the co | poration | ration submits the n's board of direct when reinstating) | is statement for stors. I hereby ac | the purpose coept the app | pointment a | g its regi | egistered stered |
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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: