

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

DOCUMENT # P98000009778

Corporation Name
WATT GRAY PAINTING, INC.

FILED

99 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/10/99 9.0099 050 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
2 SANDIA DR.
ST. LUCIE FL 34983

Mailing Address
1382 SANDIA DR.
PT. ST. LUCIE FL 34983

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip Country
25

Zip Country
29 30

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0808797

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

9. Name and Address of Current Registered Agent

GRAY, MATTHEW E
1382 SANDIA DR.
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

OFFICERS AND DIRECTORS

11.

ADDITIONS CHANGE DELETIONS APPROVED BY THE STATE

11. TITLE

☐ Change

☐ Addition

12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

15. TITLE

☐ Change

☐ Addition

16. NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP

19. TITLE

☐ Change

☐ Addition

20. NAME
21. STREET ADDRESS
22. CITY-STATE-ZIP

23. TITLE

☐ Change

☐ Addition

24. NAME
25. STREET ADDRESS
26. CITY-STATE-ZIP

27. TITLE

☐ Change

☐ Addition

28. NAME
29. STREET ADDRESS
30. CITY-STATE-ZIP

31. TITLE

☐ Change

☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

35. TITLE

☐ Change

☐ Addition

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. 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:

Matthew E. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

File No.