

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90024 023 ***150.00

037709

DOCUMENT # P98000011351

1. Corporation Name
H & S SPRAY BOOTHS, INC.

Principal Place of Business
5020 N. GRADY AVE.
TAMPA FL 33614

Mailing Address
5020 N. GRADY AVE.
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

59-3499376

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 3404 US Hwy 92 E

Suite, Apt. #, etc.

22

City & State

23 Plant City, FL

Zip

24 33566

Country

25 Hillsborough

2a. Mailing Address

26 3404 US Hwy 92 E

Suite, Apt. #, etc.

27

City & State

28 Plant City, FL

Zip

29 33566

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

STATZER, RICHARD
5020 N. GRADY AVE.
TAMPA FL 33614

81 Name Statzer, Richard

82 Street Address (P.O. Box Number is Not Acceptable)
3404 US Hwy 92 E

83

84 City Plant City, FL

85 Zip Code

33566

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 HOLLAND, KEITH
STREET ADDRESS 8745 S PITT RD.
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ DELETE
NAME STATZER, RICHARD
STREET ADDRESS 4431 KEYSVILLE RD.
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ DELETE
NAME HOLLAND, ELSIE
STREET ADDRESS 3504 JUANITA DR.
CITY-ST-ZIP PLANT CITY FL 33567

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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

4-28-99 (813) 754-7507

Date

Daytime Phone #

CR2E034 (11/98)