## 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 # P98000021373

HARWOOD PRO-TECH PAINTING INCORPORATED

## **FILED** Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90010 010 \*\*\*550.00



Principal Place of Business Mailing Address							- C (BOLEBOL SEM CALAR SALLI MAILL MAILL MAILL MAILL	·= :156: :/EE5 !!)[(	1888 THE 1881
1605 FAIRVIEW AVENUE 1805 FAIRVIEW AVENUE									
LAKELAND FL 33803 LAKELAND FL 33803			LAND FL 33803				DO NOT WRITE IN THIS SPACE		
								15 SPACE	
	•						3. Date Incorporated or Qualifed		
							03/05/1998		
2. Principal Pi	ace of Business		Mailing Address				4. FEI Number		plied For
21		26					37-33/63/2	\$8.75 A	t Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	1
22 27 City & State City & State			City 9 Ctata	<del></del>			8 Starffa Commiss Singuists	\$5.00	
			ony & State	x State			6. Election Campaign Financing Trust Fund Contribution	Added 1	, ,
Zip	Country	<del></del>	Zip Country				8. This corporation owes the current year		.0.00
¬ · ·	25	29	30	¬ ´			Personal Property Tax.	´□ Yes	₽No
24	9. Name and Address of Curr	1=-1		<u>'</u>			10. Name and Address of New Registere	d Agent	
	:			81	Name				
HARWOOD, WILLIAM W JR. 1605 FAIRVIEW AVENUE				-	0: -1	4 4 4	(D.O. Day Number in Net Assessable)	<u>`</u>	
				82 Street Add			ess (P.O. Box Number is Not Acceptable)		
LAKE	LAND FL 33803								
				84	City		· F	L 85 Zip (	Code
office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida	. Such change was auth	orized by	the corpo	corpo oration	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if a	pplicable. (NOTE: Re	gistered Ager	ıt signature r	equired	when reinstating) DATE		
12.	OFFICERS /			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	DELETE		1.1 TITLE		Ι.γ.	.P.	Change	Addition	
NAME				1.2 NAME		Rv	IAN MARTIN HARWOOD		İ
STREET ADDRESS				1.3 STREET	ADDRESS	16	05 FAIRVIEW AVE.		
CITY-ST-ZIP	. 1.4		1.4 CITY- S	T-ZIP	LA	GKELAND, FL. 33803			
TITLE	☐ DELETE 2.1		2.1 TITLE			<b>,</b>	Change	☐ Addition	
NAME				2.2 NAME	•				ĺ
STREET ADDRESS	-			2.3 STREET	ADDRESS				i
CITY-ST-ZIP				2.4 CITY-S	T-ZIP				
TITLE	· ·		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME				3.2 NAME		-	•		
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE	Λ		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME		•		4. 2 NAME					1
STREET ADDRESS				4.3 STREET	ADDRESS				1
CITY-ST-ZIP				4.4 CITY- S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					1
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP	 			5.4 CITY-S	T-ZIP				
TITLE	<del></del> -		☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME		Ì			
STREET ADORESS				6.3 STREET	TADDRESS				
CITY, ST. 7IP				6.4 CITY-S	T-ZIP				J

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.