

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90094 010 ***150.00

DOCUMENT # P98000032360

1. Corporation Name

ALL AMERICAN PAINTING & PRESSURE CLEANING, INC.

Principal Place of Business

4090 HODGES BLVD. #1202
JACKSONVILLE FL 32224

Mailing Address

4090 HODGES BLVD. #1202
JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 NONE / HOME OFFICE

26 11723 FT CAROLINE LKS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 NONE

23 City & State

28 SAK, FL

24 Zip

Country

29 32225

Country

30 OWAL

9. Name and Address of Current Registered Agent

ELKINS, HAROLD
6061 MERRILL RD.
JACKSONVILLE FL 32277

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

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 SARNAC, AARON
STREET ADDRESS 4090 HODGES BLVD. #1202
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ DELETE

NAME MCDONALD, RON
STREET ADDRESS 4090 HODGES BLVD. #1202
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AARON SARNAC
1.3 STREET ADDRESS 11723 FT CAROLINE LKS DR
1.4 CITY-ST-ZIP JACKSONVILLE / FL 32225

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME RON MCDONALD
2.3 STREET ADDRESS 885 9TH SOUTH AVE
2.4 CITY-ST-ZIP SAK BCH / FL 32250

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99 (904) 992-4334
Date Daytime Phone #

CR2E034 (1/98)

0030375