

03011999-90227-026-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033558

1. Corporation Name
NORTHSIDE PAINTING INC.

Principal Place of Business Mailing Address
1868 NEW BERLIN ROAD 1868 NEW BERLIN ROAD
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1848 New Berlin Rd 26 1848 New Berlin Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jax, FL 28 Jax, FL
Zip Country Zip Country
24 32218 25 USA 29 32218 30 USA

3. Date Incorporated or Qualified
04/03/1998
4. FEI Number
593508945
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

TYSON, SAMMY
1868 NEW BERLIN ROAD
JACKSONVILLE FL 32218

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 re-registering)

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS 1868 NEW BERLIN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218
TITLE ☐ DELETE
NAME ST
STREET ADDRESS 1868 NEW BERLIN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218
TITLE ☐ DELETE
NAME P
STREET ADDRESS Sam D Tyson
CITY-ST-ZIP 1848 New Berlin Rd
TITLE ☐ DELETE
NAME ST
STREET ADDRESS Michele Tyson
CITY-ST-ZIP 1848 New Berlin Rd
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: Michelle Tyson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99
Date

751-0588
Daytime Phone #

CRCE034 (1/98)