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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000033875

JIM PERT PAINTING, INC.

S117 PLANTATION DRIVE HOLIDAY FL 34690 2. Principal Place of Business 2a. Mailing Address 25 2a. Mailing Address 26 3. Date incorporated or Qualified O4/13/1998 Applied For Not Address A. FEI Jumbes Applied For Not Address A. FEI Jumbes Applied For Not Address A. FEI Jumbes Applied For Required Sality, Apt. #, etc. Sulfe, Apt.						
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22. Principal Place of Business	HOLIDAY FL 34690	HOLIDAY FL 34690			•	DO NOT WRITE IN THIS SPACE
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City & State 23	Suite, Apt. #, etc.	-	c.			E Continue of Statue Desired
Zip	City & State	⊢ ' '				
9. Name and Address of Current Registered Agent CHRISTMAS, PATRICIA A 5117 PLANTATION DRIVE HOLIDAY FL 34690 11. Pursuapilio 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 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 was, and accept the objigations of Sections, Sectio		ntry Zip	Cou	intry		
9. Name and Address of Current Rogistered Agent CHRISTMAS, PATRICIA A 5117 PLANTATION DRIVE HOLIDAY FL 34690 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ba City FL 85 Zip Code 11. Pursuagat 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 64.2000 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i hereby accept the application agent. I am familiar with, and accept the obligationer of Section 97.0505, Florida Statutes. SIGNATURE Signature. Proper or printed name of registered-agent aboration in printed in Registered Agent algorature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MAME SIREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE DELETE 13. STREET ADDRESS 14. CITY-ST-ZP TITLE NAME 13. STREET ADDRESS 14. CITY-ST-ZP Change Additional Change Additio	24 25	29	30			1 craciful 1 toperty Tax.
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				81	Name	•
## HOLIDAY FL 34690 ### HOLIDAY FL 34690 #				82	Street Add	dress (P.O. Box Number is Not Acceptable)
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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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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SIGNATURE:

CITY-ST-ZIP

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DELETE

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FILED Apr 23, 1999 8:00 am Secretary of State

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