

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90019 012 ***158.75

DOCUMENT #

1. Corporation Name
CRAFTSMAN CONCEPTS PAINTING INCORPORATED

Principal Place of Business

**15717 Pennington Rd.
Tampa, FL 33624**

Mailing Address

**P.O. Box 262006
Tampa, FL 33685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-11-98

2. Principal Place of Business

21 15717 Pennington Rd.

2a. Mailing Address

26 P.O. Box 262006

4. FEI Number

59-3514650

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 TAMPA, FL.

City & State

28 TAMPA, FL.

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33624

Country

25

Zip

29 33685

Country

30

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SUSAN H. BOYD
15717 Pennington Rd.
Tampa, FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 15717 Pennington Rd.

83

84 TAMPA,

FL

**85 Zip Code
33624**

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 **Susan H. Boyd President Susan H. Boyd 5/14/99**
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 ☐ 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

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 SUSAN H. BOYD

1.3 STREET ADDRESS 15717 Pennington Rd.

1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME GREGORY C. BOYD

2.3 STREET ADDRESS 15717 Pennington Rd.

2.4 CITY-ST-ZIP TAMPA, FL 33624

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 **Susan H. Boyd SUSAN H. BOYD 5/14/99 (813) 968-4392**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
(813) 918-8487

CR2E034 (11/98)