Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90033 042 ***150.00

DOCUMENT # P98000046625

1. Corporation Name

J & L PAINTING, INC.

Principal Place of Business

27260 HORNE AVENUE, C-2 **BONITA SPRINGS FL 34135**

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

27260 HORNE AVENUE. C-2 **BONITA SPRINGS FL 34135**

|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number 650 838 I

5. Certifcate of Status Desired

05/21/19<u>98</u>

City & Stat	te	L City	City & State			6. Election Campaign Financing \$5.00 May Be										
23		28				Trust Fund Contribution Added to Fees										
Zip	Country	Zip	_	Country	′	8. This corporation owes the current year Intangible										
24	25	29		30		Personal Property Tax. ✓ Yes No										
Name and Address of Current Registered Agent					т.,	10. Name and Address of New Registered Agent	-									
WILLIAMS, DUANE L 27260 HORNE AVENUE, C-2 BONITA SPRINGS FL 34135					Name	, •										
					82 Street Address (P.O. Box Number is Not Acceptable) 83											
													84	City	85 Zip Code	
													- 1	1	oration submits this statement for the purpose of changing its register	
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the obligation of the statum of t	gations of, Sec	tion 607.0505, Florid	da Statutes	5.	on's board of directors. I hereby accept the appointment as registered										
12.	<u> </u>	AND DIRECTO	<u> </u>	13.	in agriculto roquito	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12									
TITLE	D	AND BIRLOTO	☐ DELETE	-1.1 TITLE			ddition									
NAME	WILLIAMS, DUANE L		_	1.2 NAME												
STREET ADDRESS					TADORESS	1 1 1 1										
				1.4 C/TY-5												
CITY-ST-ZIP	BONITA SPRINGS FL 34135		☐ DELETE	2.1 TITLE	SI-ZIF		ddition									
NAME	-			2.2 NAME												
	CAGLE, JOHN R				T ADDRESS	MI 4 7 3 3 4 4 1										
STREET ADDRESS				2.4 CITY-		The special of the										
CITY-ST-ZIP	BONITA SPRINGS FL 34135		☐ DELETE	3.1 TITLE	\$1-Zir		ddition									
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NAME					TADDRESS	*										
STREET ADDRESS																
CITY-ST-ZIP				5.4 CITY-5	51-21P											

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition