

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90093 034 \*\*\*158.75

DOCUMENT # P98000046933

1. Corporation Name

CUSTOM QUALITY PAINTING, INC.

Principal Place of Business

5025 BAYSHORE DR.  
NAPLES FL 34112

Mailing Address

5025 BAYSHORE DR.  
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-084-1530

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.

☐

☐

No

9. Name and Address of Current Registered Agent

~~FRANK ANN T~~  
~~2124 AIRPORT ROAD SOUTH, STE. 102~~  
~~NAPLES FL 34112~~

10. Name and Address of New Registered Agent

81 Name

JAMES KARL & ASSOC.

82 Street Address (P.O. Box Number is Not Acceptable)

475 N. COLLIER BLVD

83

33937

84 City

NAPLES MARCO ISLAND FL

85

Zip Code  
34143

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

James L. Kaulam

1/21/99

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

D  
NAME MOREHEAD, ARTHUR W  
STREET ADDRESS 5025 BAYSHORE DR.  
CITY-ST-ZIP NAPLES FL 34112

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

D.T.  
1.2 NAME ARTHUR W. MOREHEAD  
1.3 STREET ADDRESS 5025 BAYSHORE DR.  
1.4 CITY-ST-ZIP NAPLES FL 34112

2.1 TITLE ☐ Change ☒ Addition

V.  
2.2 NAME KENNETH L. DAVEY  
2.3 STREET ADDRESS 5025 BAYSHORE DR.  
2.4 CITY-ST-ZIP NAPLES FL 34112

3.1 TITLE ☐ Change ☒ Addition

S.  
3.2 NAME KENNETH ROWE  
3.3 STREET ADDRESS 7352 PEBBLE BEACH RD  
3.4 CITY-ST-ZIP FT. MYERS FL 33912

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-1999 941417-1888

CR2E034 (11/98)

0459943