

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # P98000061077 1. Corporation Name

Dringing Blood of Business

DECKING PROFESSIONALS, INC.

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4221 ORTISI DRIVE 4221 ORTISI DRIVE									
ORLANDO FL 32822 ORLANDO FL 32822				DO NOT WE			ITE IN THIS SPACE		
						3. Date Incorporated or Qualifed			
						07/08/1998			}
2. Principal Pi	lace of Business	2a, Mailing Address				4. FEI Number		App	lied For
21	26					59.352248	(_ 	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						313334	\$8.	75 Ac	iditional
27				5. Certificate of Status Desired Fee				ee Req	
City & State City & State			_	6. Election Campaign Financing \$5.00 May Be				lay Be	
28						Trust Fund Contribution		dded to	Fees
Zip				Country 8. This corporation owes the current year Intangible					_
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	istered Agent		
			8	1 Nam	е				
NEWMAN, JOSEPH D				2 Stree	et Addre	ss (P.O. Box Number is Not Acceptable	<u>,)</u>		
4221 ORTISI DRIVE				- 00			<u> </u>		
ORLANDO FL 32822			[1	3			_		_
			1	4 City			FL 85	Zip Co	ode
						ration submits this statement for the pur			
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized i da Statut	y the co es.	rporation	is board of directors. I nereby accept tr	те арропители	as regi	istered
	Signature, typed or printed name of registered agent	<u></u>		jent signatu	re required		DATE	FOTOF	NG 111 42
12.	OFFICERS AND DIRECTORS 13.		-			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	POTOR	Addition
TITLE				1.1 TITLE D		Pis woman, Joseph B		ange	☐ Addition
NAME	TETTINGT, GOOGITI D			1.2 NAME		musel googhing	٠ .		
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CITY-ST-ZIP	\ \(\frac{1.0 \tilde{\chi} 1.0 \c			ST-ZIP		Flando, F1 328			
TITLE	☐ DELETE 2.1 T			2.1 TITLE			☐ Ch	ange	☐ Addition
NAME			2.2 NAM	E					1
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CITY-ST-ZIP				ST-ZIP					
TITLE		☐ DELETE	5.1 TITL		+-			nange	Addition
			5.2 NAM				_	-	ĺ

14. 1 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.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

May 06, 1999 8:00 am Secretary of State

05-06-1999 90157 010 ***150.00

CR2E034 (11/98)

Addition

☐ Change

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