

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90108 013 \*\*\*150.00

DOCUMENT # P98000093897

1. Corporation Name

FRESH TOUCH PAINTING, INC.



Principal Place of Business

610 SOUTHWEST 22ND TERRACE  
CAPE CORAL FL 33991

Mailing Address

610 SOUTHWEST 22ND TERRACE  
CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

65-0873210

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. ☐ Yes ☒ No

2. Principal Place of Business

21 933 SE 26<sup>th</sup> Street

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cape Coral, FL

City & State

28

Zip Country

24 33904 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

FELL, DONALD K  
610 SOUTHWEST 22ND TERRACE  
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name

Kimberly O. Lawson

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

933 SE 26<sup>th</sup> St

83

84 City

Cape Coral

FL

85 Zip Code

33904

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 Kimberly O. Lawson, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME FELL, DONALD K  
STREET ADDRESS 610 SOUTHWEST 22ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE VP ☐ DELETE  
NAME LAWSON, CURTIS D  
STREET ADDRESS 933 SOUTHEAST 28TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ST ☐ DELETE  
NAME LAWSON, KIMBERLY D  
STREET ADDRESS 933 SOUTHEAST 28TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904

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 President ☐ Change ☐ Addition  
1.2 NAME Kimberly O. Lawson  
1.3 STREET ADDRESS 933 S.E. 26 St  
1.4 CITY-ST-ZIP Cape Coral, FL 33904

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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)(l), 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: Kimberly O. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

Date

941-458-3369

Daytime Phone #

CR2E034 (11/98)