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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000094717

1. Corporation Name
CARDINAL PAINTING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~17365 RIVERSTONE DRIVE~~ ~~LUTZ FL 33549~~
690 CO RD 485A
LAKE PANASOFFKRE
FL 33538

~~17365 RIVERSTONE DRIVE~~ ~~LUTZ FL 33549~~ **P.O. Box 1386**
33548

3. Date Incorporated or Qualified
11/04/1998

4. FEI Number
59-3543054

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

AGSTER, RICHARD S ESQ
3602 W EUCLID AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name **MARAMAN DENNIS A.**

82 Street Address (P.O. Box Number is Not Acceptable)
690 COUNTY RD 485A

83 City **LAKE PANASOFFKRE FL**

84 City **LUTZ FL** 85 Zip Code **33548**

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  DATE **1-13-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD MARAMAN, DENNIS A**

STREET ADDRESS **47365 RIVERSTONE DRIVE P.O. Box 1386**

CITY-ST-ZIP **LUTZ FL 33549 33548**

TITLE DELETE

NAME **SD MOTZ, LOUIS A**

STREET ADDRESS **7506 ST. JOHNS ROAD**

CITY-ST-ZIP **LAND O LAKES FL 33549**

TITLE DELETE

NAME **TD MARAMAN, TERRY L**

STREET ADDRESS **17365 RIVERSTONE DRIVE P.O. Box 1386**

CITY-ST-ZIP **LUTZ FL 33549 33548**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(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:  DATE **1-13-99** DAYTIME PHONE # **352-568-8779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)