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

DOCUMENT # P98000097432 1. Corporation Name

PAINTS R US, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90091 045 ***150.00



Principal Place of Business Mailing Address						i ideliafi tia initi fatti datti catti Carit datta tatti canti dinasa tetra tra	1881	
39311 WASHIN	GTON LOOP ROAD	39311 WASHINGTON LOOP ROAD						
PUNTA GORDA	PUNTA GORDA FL 33982	4 GORDA FL 33982			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	$\neg \neg$	
			•			11/19/1998		
Principal Place of Business 2a. Mailing Addre			ess			4. FEI Number Applied F	or	
21		26				65-0880572 Not Applie		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			58.75 Addition	al=== ≒	
22		27				Fee Required		
City & Stat	e	City & State	¬ ·			6. Election Campaign Financing \$5.00 May Be		
23	Country	[28]	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible		
Zip	Country Zip Cou			,		Personal Property Tax.	1	
24	9. Name and Address of Current		30			10. Name and Address of New Registered Agent		
				81	Name		1	
J. LYN BEVIS				82	Street Ad	t Address (P.O. Box Number is Not Acceptable)		
	11 Washington Loop Road			-	Oliect 710	7 to 100 (1 7.0. 00x 1 to 110 (10 (10 (10 (10 (10 (10 (10 (10 (10		
PUN	ITA GORDA FL 33982			83				
ı			ł	84	City	85 Zip Code		
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove hv 1	e-named co	corporation submits this statement for the purpose of changing its registe oration's board of directors. I hereby accept the appointment as registered	red	
agent. I a	im familiar with and accept the obligation	ons of, Section 607.0505, Flor	rida Statu	tes.		1=6		
SIGNATURE							-	
12.	Signature 1 printed name of registered agent		Registered .	Ageni	t signature requ	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	OFFICERS AND DIRECTORS PD DELETE			1.1 TITLE			ddition	
NAME			1,2 NA	1.2 NAME				
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33982			1.4 CITY-ST-ZIP				
TITLE			2.1 TIT	ιĘ		☐ Change ☐ A	ddition	
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NAME	-				TADORESS .			
STREET ADDRESS	<u> </u>		5.3 CIT		ł			
CITY-ST-ZiP		DELETE	6.1 TIT		, 211	Change	ddition	
1 3.3	[X 72]		6.2 NA					
NAME	English of the state of				TADORESS			

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 of an attachment with an address, with all other like empowered.

REQUIRED

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP