## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # S52795

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90151 043 \*\*\*150.00

<u>                                     </u>	i Bibli bibli bibli bibli bibli il

PERFORI	MANCE DETAILING & TINTI	NG, INC.							
Principal Place	e of Business	Mailing Address				T TERRIBOTE FOI BHILD THEFT LOSIN TOTAL	<b>   </b>	I) DIBIL BIBIL D	IDJI BIBIT JEBI
3951 MERCANTILE AVE 3951 MERCAUTILE AVE									
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NAPLES FL 339	42	NAPLES FL 33942				DO NOT WRITI	IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifed			
						05/13/1991			
·	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0263448	*	\$8.75	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country			8. This corporation owes the current			<b>E</b> No
24	25	29 30	<u> </u>			Personal Property Tax.		☐ Yes	<b>№</b> No
	9. Name and Address of Curren	t Registered Agent		T-11		10. Name and Address of New Re	gistered A	gent	
NEAL	E DATINGE LI		81	Name					
	LE, PATRICK H.		82	Street /	Addre	ss (P.O. Box Number is Not Acceptab	le)		
	EMPLEWOOD CT	·							
MARI	CO ISLAND FL 33937		83						
			84	City			FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes.	the abov	e-named	corpo	ration submits this statement for the p	urpose of c	hanging its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was authorions of, Section 607.0505, Florida	orized by Statutes	the corpo	oration	ration submits this statement for the p i's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE							0.475		
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Reg ID DIRECTORS	13.	nt signature re	equired v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	RS IN 12
12.		DELETE	1.1 TITLE			ADDITIONS/GITANGES 10 GFT	OLI TO FETE	☐ Change	Addition
TITLE	D NAME OF BUILDING		1.2 NAME					_ ,	1
NAME	BALLENGER, IVY								
STREET ADDRESS	756 PELICAN COURT			T ADDRESS					
CITY-ST-ZIP	MARCO ISLAND FL	□ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP				Change	Addition
TITLE	PD			İ					,
NAME	BALLENGER, RICHARD		2.2 NAME				-		
STREET ADDRESS	1290 BLUEBIRD AVE	• •		TADDRESS	-				ļ
CITY-ST-ZIP	MARCO ISLAND FL_	DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP				Change	Addition
TITLE	D CHAPLENE		•			•			
NAME	BALLENGER, CHARLENE		3.2 NAME	TADODECC (					}
STREET ADDRESS	1290 BLUEBIRD AVE			T ADORESS					
CITY-ST-ZIP	MARCO ISLAND FL	□ DELETE	3.4. CITY-S	51-ZIP				Change	Addition
TITLE		. LI OCLETE	4.1 TITLE					~ - · · · · · · · · · · · ·	
NAME			4. 2 NAME						
STREET ADDRESS		į	ŀ	T ADDRESS					1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP				Change	Addition
TITLE			5.1 TITLE 5.2 NAME					٠,١٥٠.٩٠	
NAME				TADORESS					
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP		□ DELETE	6.1 TITLE	11-2117			<del></del>	☐ Change	Addition
	ONE WOLLDON	☐ DELETE	6.2 NAME					□ cuende	
NAME	ENGLISHED AND TO THE PARTY OF T			T ADDRESS I					

14. Hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: