IFILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRES 3

STREET ADDRES

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

	1999 DIVISION OF CORPO			DRPORA	PRATIONS			04-29-19	99 901	53 035 °	**150.00	_
1. Corporation	MENT # S5 IN Name WAY PAINTING, INC											
Principal Plac	e of Business	Mai	iling Address				_	1 1 00/180/10 (01 8))(1 1 0/	DE DENID 18	AF BINDI NIJOH B	lani digin ahan) l	(1911 BIBI) (1991
181 GREENBRIER AVE N.W. PALM BAY FL 32907			181 GREENBRIER AVE N.W. PALM BAY FL 32907									
US		US					3	Date Incorporated or C		E IN THIS	SPACE	
								06/03/1991				
2. Principal Place of Business			2a. Mailing Address				4. FEI lumber			⊢	plied For	
21 Suite Act # ata			Suite Ant # ata				_	59-3074272				t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certi cate of Status De	sired		\$8.75 4 Fee Re	quired
City & Stat	e	├ -¬	City & State				6.	Election Campaign Fin Trust Fund Contributio	_		\$5.00 Added t	
Zip	Country Zip			Country			8.	This corporation owes	the curre	ent year Inta	angible	
24	25	29		<u>ol</u>				Personal Property Tax				D No
	9. Name and Addres	s of Current Registe	ered Agent		81	Name -	10.	Name and Address of	T New R	egistelea	Agent	
HOM	RRIS, DANIEL E.				82					 _		
798 DONAU AVENUE, NW						Street Ad	dress (P.	O. Bcx Number is Not	Accepta	ble)		
PALI	M BAY FL 32907			Ì	83							
				\ 	84	City					85 Zip ('ode
				- 1		•				F.L	1 1 .	[
office or n	to the provisions of Secti- egistered agent, or both, m familiar with, and acce	in the State of Florida	a. Such change was auti	horized l	by th	named co ne corpora	rporation tion's bo	submits this statemen ard of directors. I heret	for the by accep	purpose of the appoin	changing its itment as req	registered ristered
SIGNATURE	,	prime rangulane an										
	Signature, typed or printed no me o			-	gent s	signature recu				DATE		
12.	OF D	FICERS AND DIREC					ADDITI ONS/CHANC		TO OFF	ICERS AN	□ Change	Addition
NAME	NORRIS, DANIEL E.	_		i i	1.1 TITLE 1.2 NAME						andings	[]
STREET ADDRESS	798 DONAU AVE NW		i		.3 STREET ADDRESS							
CITY-ST-ZIP	PALM BAY FL		1		4 CITY-ST-ZIP							1
TITLE	D DELETE		2.1 TITLE							Change	Addition	
NAME	NORRIS, JOHN B.				2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	s P O BOX 736 N/A)
CITY-ST-ZIP	ROSELAND FL			2.4 CITY-ST-ZIP		ZIP						
TITLE	☐ DELETE		3.1 TITLE							Change	Addition	
NAME				3 2 NAME								
STREET ADDRE 3S	Ti di		Ħ	3 STREET ADDRESS 4. CITY-ST-ZIP							}	
CITY-ST-ZIP			DELETE	3.4. CITY-		214					Change	Addition
NAME			-	4 2 NAN		}					- 3	_
STREET ADDRESS				1		DDRESS						
CITY-ST-ZIP				44 CITY	-ST-	ZIP						
TITLE			☐ DELETE	5.1 TITLE							Change	☐ Addition
NAME				5.2 NAM	E	}						1

14. I hereby certify that the information supplied with his 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 uncer 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 organ attachment with an address, with all other like empowered.

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CR2E034 (11/98)

☐ Addition

Change