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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # **S58810**

1. Corporation Name

**CORPORATION** 

BEST STRIPING SUPPLY
Principal Place of Business
7660 HOOPER ROAD SUITE 32
WEST PALM BEACH FL 33411
2. Principal Place of Business
21 TelsO Hoover Co
Suite, Apt. #, etc.
22
City & State
23 Lest thin Beach
Zip Coun
24 3341 25 4
9, Name and Add
THEISEN, M. WAYNE
7660 HOOPER ROAD
SUITE 32
WEST PALM BEACH FL

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

04-20-1999 90050 024 \*\*\*150.00



Principal Place of Business Mailing Address										
7660 HOOPER ROAD 7660 HOOPER ROAD						•				
SUITE 32 SUITE 32					•	DO NOT WRITE IN THIS				
WEST PALM BE	EACH FL 33411	WEST PALM BEACH FL 3341	1			3. Date Incorporated or Qualifed				
•						06/10/1991		ļ		
2. Principal Place of Business 2a. Mailing Address						4 FEI Number	Ι Δ	pplied For		
	ace of Business	2a. Mailing Address				•• • • • • • • • • • • • • • • • • • • •		ot Applicable		
21 TietaC	The Charles	26 Tiele Art # 200			<u>.:</u>	58-1950814		Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	equired		
22 -	<del></del>	City & State				To be the Administration of the Committee of the Committe				
City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 <u>Lacest.</u>	Country.				<del>, F-12</del>	8. This corporation owes the current year intangible				
Zip	Country	□ 3×0 □ 1×1			<u> </u>	Personal Property Tax.				
24 글3대	9. Name and Address of Current		101 - 1		<del></del>	10. Name and Address of New Registered				
	9. Name and Address of Current	Kegistered Agent		81	Name	10. 142.00 2.14 /				
THE	SEN, M. WAYNE									
	HOOPER ROAD		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
	E 32		-	83						
	T PALM BEACH FL 33411			83						
WES	I PALM DEACH PL 33411		l	84	City		85 Zip	Code		
				j		FL	<u> </u>			
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.	io corpora	20010 Dodie of allocation (1000) accept 200 200				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if conficable (NOTE: 6	Panisterad	Agent	signature regu	ured when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12		
TITLE	DP	☐ DELETE	1.1 TIT	LE .			Change			
NAME`	THEISEN, M. WAYNE		1.2 NAM							
	7660 HOOPER ROAD	_		REETA	ADDRESS					
STREET ADDRESS			TY-ST-							
CITY-ST-ZIP TITLE	WEST FALM BLASTITE	☐ DELETE	2.1 111		Zii		Change	Addition		
			2.2 NA					ŀ		
NAME					ADDRESS			ļ		
STREET ADDRESS			l l							
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NAME			3.2 NA					ļ		
STREET ADDRESS					ADDRESS			ì		
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	Addition		
TITLE		☐ DELETE ,	4.1 TΠ							
NAME .			4. 2 N	AME				ŀ		
STREET ADDRESS			4.3 ST	REET	ADDRESS	•				
CITY-ST-ZIP			4.4 CI	TY-ST-	· ZIP					
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STREET ADDRESS			5.3 ST	REETA	ADDRE\$S	·		ļ		
CITY-ST-ZIP				TY-ST-	ZIP					
TITLE		\ □ DELETE	6.1 TIT	ΠE		·	☐ Change	Addition		
NAME			6.2 NA	ME.				1		
STREET ADDRESS	P. A. C. S. A. C. S. A. C. C.		6.3 ST	REET	ADDRESS	•		\		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CI	TY-ST-	-ZIP			·		
JULI-DI-EIF	·						<del></del>			

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 changes, or on an atjachment with an address, with all other like empowered.