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

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90057 031 ***150.00

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200	7141-141	" ວ	סטפוי

1. Corporation Name

RONALD P. RICHEY W	ALLPAPER INSTALLATION, INC.	
William .	·	
Principal Place of Business	Mailing Address	

31°C1 .			
Principal Place of Business	Mailing Address	••	y a y it tablists it table to the table to table to the table to table to the table to
4714 WEST BLVD NAPLES FL 33940	4714 WEST BLVD NAPLES FL 33940		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 08/01/1991
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0277654 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 25	Zip Co	untry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
9. Name and Address of Cur			10. Name and Address of New Registered Agent
SAFE OF RICHEY, RONALD P.		81 Name	
4714 WEST BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)
NAPLES FL 33940		83	
		84 City	FL 85 Zip Code

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	·		equired when reinstating) DATE
	7,7	egistered Agent signature n	34.70
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHEY, RONALD P.	1.2 NAME	
STREET ADDRESS	4714 W. BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	_
CITY-ST-ZIP	N#	2.4 CiTY-ST-ZIP	
TITLE .	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADORESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	. Change Addition
NAME	·	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	·
CITY-ST-ZIP	<u>_</u>	5.4 CITY-ST-ZIP	
TITLE '\	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	11. O. H 440 07/0V/N Florid Classics I forther and first that the information

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:

Y-13-99