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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

PAINT CRAFTERS, INC.

Principal Place of Business	Mailing Address	
17719 CRANBROOK DR.	17719 CRANBROOK DR.	
LUTZ FL 33549	LUTZ FL 33549	

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3082041 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FEYL, JOHN W 14011 MIDDLETON DRIVE 82 TAMPA FL 33624 83 City LuTz 84 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 am familiar with, and acaptement bligations of Section 607.0505, Florida Statutes. uited when reinstating) title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change MOROTTI, JAMES R. 1.2 NAME 17719 CRANBROOK DR. STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE MOROTTI, CHRISTOPHER T. NAME 2.2 NAME 17719 CRANBROOK DRIVE. STREET ADDRESS 2.3 STREET ADDRESS **LUTZ FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE 3.1 TITLE Addition THE AS JAESCHKE, WILLIAM NAME 3.2 NAME 14550 Bruce BOOWNS BLUG #189 1511 DOBY CIRCLE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 336/3 -27 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 attaching the with the information indicated on this 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 attaching the without the corporation of the c