FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90012 069 ***150.00

04-25-1999 90012 070 *****8.75

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

DOCUMENT # **V02904**

1, Corporation Name

J.E. PINION PAINTING AND DECORATING, INC.

Principal Place	of Business	Mailing Address	Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
31 OCEAN DRIV	Æ	15801 S.W. 143 AVE.									
B-204	00007	MIAMI FL 33177					DO NOT WRITE IN THIS SPACE				
KEY LARGO FL US	33037					2 Date ir cornor	3. Date Ir corporated or Qualifed				
00						12/30/199				-	
2. Principa Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number Applied Fo			plied For	
21		26				65-030423	65-0304231 Not App			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Status Desired	X	\$8.75		
22	302	27							Fee Re		
City & S ate		City_& State	City_& State			6. Electio i Camp			\$5.00	, I	
23		28				Trust Fund Co			Added t	c Fees	
Zįp				Country		1 '	This corporation owes the current year Intal Personal Property Tax.			(KNo	
24		25 29 30				10. Name and A		Panietore	Yes	<u> </u>	
	9. Name and Address of Curr	ent Registered Agent	-	81	Name	TU, Name and A	MIESS OF NEW 1	register	a Agent		
PINIC	ON, JOHN E			Ľ							
	1 S.W. 143 AVE					cdress (P.O. Box Numb	ress (P.O. Box Number is Not Acceptable)				
MIAN	II FL 33177						<u> </u>				
				84	City				. 85 Zip (Code	
					,	_		F	L _		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the a	bove	-named c	crporation submits this s	tatement for the	purpose	of changing its	registered a stered	
office crire	egistered agent, or bo h, in the State of familiar with, and accept the oblig	e of Florida, Such change was pations of, Section 607.0505, F	Torida Stat	utes		ration's board of thector	s. Thereby accep			9 0.0.00	
SIGNATURE							•	7/8/	99		
SIGNATURE	Synature, typed or printed name of registered a	gent and title if applicable. (NO	T . Registered	Ager	t signature re	quired when reinstating)		DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CI	HANGES TO OF	FICERS		DF:S IN 12 Addition	
TITLE	VP	☐ DELETE	1,1 TI	TLE					Change	L] Addition	
NAME	PINION, JOSHUA	1.2 N		AME							
STREET ADDRESS	15801 S.W. 143 AVE	1.3 S		3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY-		î-ZIP	C44 24 24		 -	Change	Addition	
TITLE	\$	Ø DELETE	2.1 TI		1	secretary	3 //		□ Change	Addition	
NAME	KUHN, JACK		2.2 NA			Joshua mat					
STREET ADDRESS	1341 NW 14TH ST		10		1	16801 S.W. 14.		a		1	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CFT		T-ZIP	miami, 7	1 3317	1	Change	Addition	
TITLE	PD	DELETE 31							□ Change	□ Addition	
NAME	PINION, JOHN	_	32 N			<u> </u>				-	
STREET ADDRE 3S	_15801_SW_143-AVE;				ADDRESS						
CITY+ST-ZIP	MIAMI FL	DELETE		ПΥ-5	1-219	Treasile			Change	Addition	
TITLE	DIADMAC EDIC	in the contract of	4.1 T		ľ	Synth	Pinian			/SS / NOUNDA	
NAME	D'ARMAS, ERIC		4. 2 NAM			synthi J. 15801 A.W	. 143	ane			
STREET ADDRESS				4.3 STREET ADDRESS 15		miami.	<i>=</i> 11 = 2		7		
CITY-ST-ZIP	HOMESTEAD FL	DELETE			i-ZIP	marye.	71. 0	317	Change	Addition	
TITLE			5.1 T 5.2 N						anange		
NAME					T ADDRESS						
\$TREET ADDRE 3S				ITY-S	- 1						
CITY-ST-ZIP		☐ DELETE	6.1 T		- 20				Change	Addition	
TITLE			6.2 N								
NAME					ADDRESS						
STREET ADDRE 3S			0.00								

14. I hereby certify that the information supplied with this filing does not qualify first he 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:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR