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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38361

(4)

J. SOURINI PAINTING, INC.

FILED May 18 1998 8:00am Secretary of State

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(8/3) 573-0666

D				
Principal Place of Business Mailing Address				
12000 44TH STREET NORTH	12800 44TH STREET NOF	ATH .		
CLEARWATER FL 34022	CLEARWATER FL 34622		DO NOT WRITE IN TH	IS SPACE
			3. Date incorporated or Qualified	
			05/22/1992	
2, Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	56		59-3126957	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
	├ ─ ┐ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio Country	7(P)	Country	8. This corporation owes or has paid the	
25 Country 25		30	Personal Property Tax due June 30.	Yes No
g. Name and Address of C		, 	10. Name and Address of New Registers	
SOURINI, JAMES R		81 Name		
12800 44TH STREET NORTH		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34622		On der view	dress (176. Sex Hamber to Het Pieceptasie)	
\bigcirc		63		
()		84 City		85 Zip Code
				'L <u>337</u> 6ス
11. Pursuant to the provisions of Sections 607	7.0502 and 607, 1508, Florida Statute	es, the above-named co	rporation submits this statement for the purpose	e of changing its registered
agent. I am immiliar with and accept the	onligations of Section 607,0505, Flo	rida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE AND THE	3 AMES	R. SOURINE		4-28-18
	ed apent and title 1 approvable (NOTI	: Registered Agent signature req		
	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
, , , ,	L bettie	1.1 TillE		Citarile Cit Acciton
NAME SOURINI, JAMES R STREET ADDRESS 12800 44TH ST. N.		1.2 NAME		
AL FARMILETER EL RAGON		1.3 STREET ADDRESS	プロ·1/ 5	
CITY-ST-ZIP CLEARWATER FL 34622	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE	33762	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		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 ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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		5 4 CITY-ST-ZIP		
TITLE	☐ DELETE	6 1 1fT(F		☐ Change ☐ Addition
NAME	0	6.2 NAME		
STREET ADDRESS	//	6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information suppli	ear with first filing does not qualify to	or the exemption stated in	in Section 119,07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made	certify that the information
		urare and mar my siona	ture shall have the same legal effect as it made iquired by Chapter 607, Florida Statutes; and th	

JAMES R. SOURINT