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

May 06, 1999 8:00 am Secretary of State

05-06-1999 90195 044 ***150.00

DOCUMENT # V42910

1. Corporation Name

PARKS REMODELING & PAINTING, INC.

Principal Place of Business		Mailing Address			1 10211 01141 \$(010)(514 1615) 1121 021 021 0121 0141 0141 0141 0141			
15925 S.W. 77T	TH COURT	15925 S.W. 77TH COURT						
MIAMI FL 33157		MIAMI FL 33157			DO NOT WRITE IN THIS	CDACE		
US		U\$			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
				_	06/10/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		65-0340818		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	• •	Additional	
22		27			G. Contribute of States Desires	Fee F	Required	
City & State		City & State		6. Election Campaign Financing	,	May Be		
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Interest.		New S.	
24	25	[29] [30]			Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	t Registered Agent		Mana	10. Name and Address of New Registered	Agent		
DADI	KS, RICHARD T.		81	Name				
	25 S.W. 77TH COURT		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
	•		-					
	H FLOOR AI FL 33157		83				ł	
MAIM	MI FL 3313/		84	City	FL	85 Zip	Code	
		0 -1007 4500 Florid Statuto	1		prporation submits this statement for the purpose of	changing i	te registered	
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	rized by	the corpora	ation's board of directors. I hereby accept the appoin	itment as	registered	
SIGNATURE							}	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg		t signature requ	uired when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PTS	☐ DELETE	1.1 TITLE			☐ Change	e 🔲 Addition	
NAME	PARKS, RICHARD T.		1.2 NAME				ĺ	
STREET ADDRESS	15925 S.W. 77TH COURT		1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETÉ 2.1		-		☐ Change	e 📋 Addition	
NAME	PARKS, RICHARD T.		2.2 NAME					
STREET ADDRESS	5 at 4 a at 122		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP								
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			Change	Addition	
NAME			3.2 NAME				İ	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	e	
NAME		i	4. 2 NAME	1				
STREET ADDRESS			4.3 STREE	ADDRESS			ļ	
CiTY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	-		☐ Change	e 🗍 Addition	
NAME			5.2 NAME					
STREET ADDRESS		i	5.3 STREE	T ADDRESS				
Y		[5.4 CITY-S	1				
CITY-ST-ZIP TITLE			6.1 TITLE			☐ Change	e Addition	
			6.2 NAME			_ •		
NAME		l	6.3 STREE	L VUDSEGG			ļ	
STREET ADDRESS			COUNTE				1	

CITY-ST-ZIP 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 comporation 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR