

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V47827** (3)

1. Corporation Name:  
**P & L PAINTING & DECORATING, INC.**



Principal Place of Business

**1803 NW 38TH TER  
GAINESVILLE FL 32605**

Mailing Address

**1803 NW 38TH TER  
GAINESVILLE FL 32605-3582**

2. Principal Place of Business

21 **714 NW 89th St**

Suite, Apt. #, etc.

22

City & State  
**Gainesville, FL**

Zip  
**32607**

Country  
**Alachua**

2a. Mailing Address

26 **714 NW 89th St**

Suite, Apt. #, etc.

27

City & State  
**Gainesville, FL**

Zip  
**32607**

Country  
**Alachua**

3. Date Incorporated or Qualified

**06/29/1992**

3a. Date of Last Report

**04/02/1996**

4. FEI Number

**59-3130256**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**LILJHOLM, LENNART E.  
1803 NW 38TH TER  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

**714 NW 89th St**

83

84 City **Gainesville**

**FL**

85 Zip Code

**32607**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **LILJHOLM, LENNART E.**  
STREET ADDRESS **1803 NW 38TH TER**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE  
NAME **LILJHOLM, JEANNIE**  
STREET ADDRESS **1803 NW 38TH TER**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE  
NAME **LILJHOLM, CARL**  
STREET ADDRESS **8620 NW 13TH ST.**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ DELETE  
NAME **GLASS, CHARLES**  
STREET ADDRESS **5127 NE 24TH AVE LOT 240**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE  
NAME **THORNROSE, ROBERT**  
STREET ADDRESS **PO BOX 1277 NA**  
CITY-ST-ZIP **HAWTHORNE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **714 NW 89th St**  
14 CITY-ST-ZIP **Gainesville FL 32607**

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS **714 NW 89th St**  
24 CITY-ST-ZIP **Gainesville, FL 32607**

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS **714 NW 89th St**  
34 CITY-ST-ZIP **Gainesville, FL 32607**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition  
62 NAME **Michael Barker**  
63 STREET ADDRESS **2001 NW 6th St Apt #2**  
64 CITY-ST-ZIP **Gainesville, FL 32609**

14. I do 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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**3/28/97 (352)339-1111**

CR2E034 (9/96)