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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90043 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V47827

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



Principal Place of Business  
714 NW 89TH ST  
GAINESVILLE FL 32607  
US

Mailing Address  
714 NW 89TH ST  
GAINESVILLE FL 32607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LILJEHOLM, LENNART E.  
714 NW 89TH ST  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME LILJEHOLM, LENNART E.  
STREET ADDRESS 714 NW 89TH ST  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE  
NAME LILJEHOLM, JEANNIE  
STREET ADDRESS 714 NW 89TH STREET  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE  
NAME LILJEHOLM, CARL  
STREET ADDRESS 714 NW 89TH STREET  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE  
NAME MICHAEL BARKER  
STREET ADDRESS 2001 NW 6TH ST APT #2  
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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/28/99

CR2E034 (1/1/98)