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

1. Corporatio	MENT # V49380 Name SPRINGS PAINTING, INC.	()		
Principal Place of Business 18401 VIA DI VERONA BOCA RATON FL 33496 US		Mailing Address 10003-1 NW 83RD STREET TAMARAC FL 33321 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
2. Principal P	lace of Business	2a, Mailing Address		07/10/1992 4. FEI Number Applied For
21 9305	OLMSTEAD AR.	26 9305 OCM	STEHO P	· - (
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be
23 6/4/C	E WORTH FL.	28 LAKE WOR	Country	Trade of Trade
24 334	'		PALM BEI	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	CH PEL	10. Name and Address of New Registered Agent
LA'	YTON, ROBERT J JR		81 Name	AU-DI TAMES
	101 VIAL DI VERONA		82 Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33496			_ 9.3	105 OLMSTEAD DR.
			63	•
			84 City	85 Zip Code
				AKE WORTH FL 33467
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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.				
SIGNATURE	Sign rate, typical or miled name of registered age:	TAMES AY it and little if applicable. (NOTE:	Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	E DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LAYTON, ROBERT J JR		1.2 NAME	
STREET ADDRESS	18401 VIA DI VERONA		1,3 STREET ADDRESS]
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	Change Addition
NAME	LAYTON, JAMES		22 NAME	DZ-C OLA STEAD OR.
STREET ADDRESS	18401 VIA DI VERONA BOCA RATON FL		2.3 STREET ADDRESS	LAYTON: JAMES 9305 OLMSTEND DR. CAKE WORTH, FL. 33467
CITY-ST-ZIP TITLE	BOOK HATON FL	DELETE	2.4 CITY-ST-ZIP 3.1 "ITLE	Change Addition
NAME			3.2 NAME	The Country And Country
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 ☐ Addilion
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T AFIETE	5.4 CITY-ST-ZIP	Chance Addition
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>

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 trusted 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:

THINES LAYTON DR 2-20-

2-20-98 (954)252-4690

FILED

Mar 02 1998 8:00am

Secretary of State