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

0168416

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

**FILED**
**Apr 15, 1999 8:00 am**
**Secretary of State**
04-15-1999 90159 033 ***150.00

DOCUMENT # **V49887**

1. Corporation Name
ATLANTIC PRESSURE CLEANING AND PAINTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11053 NW 5TH CT<br>CORAL SPRINGS FL 33071<br>US | 11053 N.W. 5TH COURT<br>CORAL SPRINGS FL 33071 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/10/1992

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5309 N.W. 121 Ave | 26 5309 N.W. 121 Ave |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Coral Springs | City & State 28 Coral Springs |
| Zip 24 33076 Country 25 Broward | Zip 29 33076 Country 30 Broward |

4. FEI Number: 65-0344825 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MCNEIL, SCOTT W.<br>11053 N.W. 5TH COURT<br>CORAL SPRINGS FL 33071 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 Scott W McNeil (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE April 11, 1999

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☒ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCNEIL, SCOTT W. | | 1.2 NAME | McNeil Scott W. | |
| STREET ADDRESS | 11053 N.W. 5TH COURT | | 1.3 STREET ADDRESS | 5309 N.W. 121 Ave | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP | Coral Springs, FL 33076 | |
| TITLE | DV | ☒ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCNEIL, CRAIG M. | | 2.2 NAME | McNeil, Craig M | |
| STREET ADDRESS | 11053 N.W. 5TH COURT | | 2.3 STREET ADDRESS | 11912 Royal Palm Blvd | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2.4 CITY-ST-ZIP | Coral Springs, FL | |
| TITLE | DTS | ☒ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCNEIL, LYNN W. | | 3.2 NAME | McNeil, Lynn W. | |
| STREET ADDRESS | 11053 N.W. 5TH COURT | | 3.3 STREET ADDRESS | 6978 N.W. 111 Terr | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 3.4. CITY-ST-ZIP | Parkland, FL 33067 | |
| 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 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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:** Scott W McNeil SIGNATURE REQUIRED — April 11, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #