## 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

## DOCUMENT # P95000063855 (7)

**FILED** Jan 29 1998 8:00am Secretary of State

WEATH	HERSHIELD COATINGS, INC					
Principal Plac	ce of Business	Mailing Address		i continunt con colora distin andris diatin a	Dis Basia Bilat (tias farat as	#1 #4!! ##P!
136 HARROGATE PLACE SUITE 200 LONGWOOD FL 32779 US				DO NOT WRITE IN THIS SPACE		
US	FC 32/18	U3		3. Date Incorporated or Qualified	E III II IIO OI MOE	
				08/17/1995		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	TAr	plied For
21 72 14	Edgewater Drive	26 7214 Edge 1	water Drive	59-3330484	<del></del>	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & Stat	te	Cily & State	1	6. Election Campaign Financing	\$5.00	May Be
23 Orla	ndo. TL	28 Urlando t	L	Trust Fund Contribution	Added t	o Fees
24 3281		29 32810	Country 30	8. This corporation owes or has p Personal Property Tax due June	9 30. 🗶 Yes 🗀	angible ] No
<u>-</u>	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
	VY, ROBERT L		B1 Name			
136 HARROGATE PLACE			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
LO	NGWOOD FL 32779		83			
			031			
			84 City		FL 85 Zip (	Code
41 Burewest	to the provinions of Sections 607 0500	2 and 607 1609. Elorida Ctatuta	no the should named corr	poration submits this statement for the		a rapistarad
office or r	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was a	uthorized by the cornoral	tion's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE						
12,	Signature, typod or printed name of registered ager OFFICERS AND		Rogistered Agent signature requi	rod when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	S IN 12
TITLE	PDS	DELETE	1.1 TITLE	ADDITIONS/OF IANGED TO CITY	Change	Addition
NAME	LEVY, ROBERT L		1.2 NAME			
STREET ADDRESS	136 HARROGATE PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP			
TITLE	V	DELETE	2.1 TITLE		Change	Addition
NAME	LEVY, LYNNE		2.2 NAME			
STREET ADDRESS	136 HARROGATE PLACE					
CITY-ST-ZIP	LONGWOOD FL		2.3 STREET ADDRESS			
TITLE			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
NAME		☐ DELETE	2. 4 CITY - ST - ZIP	.>	Change	Addition
		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE V		Change	Addition
STREET ADORESS		□ DELETE	2. 4 CITY- ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3	ARL H. LUECK 300 Venetian Way		Addition
STREET ADORESS CITY-ST-ZIP			2. 4 CITY- ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3	ARL H. LUECK 300 Venetian Way	2789	
		☐ DELETE	2. 4 CITY- ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3	ARL H. LUECK 300 Venetian Way		Addition Addition
CITY-ST-ZIP			2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	ARL H. LUECK 300 Venetian Way	2789	
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on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an hor as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, or on an attachment with an address.

1/15/98

407-298-0100