


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

**FILED**  
**Apr 21 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 # P96000081437 (1)**  
 1. Corporation Name  
**MONOLYTHIC COATING SYSTEM, INC.**



Principal Place of Business: **11324 BLOOMINGTON DR TAMPA FL 33635**  
 Mailing Address: **11324 BLOOMINGTON DR TAMPA FL 33635-1524**

3. Date Incorporated or Qualified: **09/30/1996**  
 3a. Date of Last Report: **102 1/1/00!**

4. FEI Number: **593401813**  
 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

2. Principal Place of Business		2a. Mailing Address	
21	<b>6001 Johns Rd</b>	26	<b>6001 Johns Rd</b>
22. Suite, Apt. #, etc. <b>701</b>		27. Suite, Apt. #, etc. <b>701</b>	
23. City & State <b>Tampa, FL</b>		28. City & State <b>Tampa, FL</b>	
24. Zip <b>33634</b>	25. Country <b>USA</b>	29. Zip <b>33634</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**DAVEY, DAVID B**  
**8919 PALMETTO WAY**  
**TAMPA FL 33635**

10. Name and Address of New Registered Agent

81. Name: **N/A**

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]* **DAVID DAVEY** VICE PRESIDENT 4/14/97  
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	President	<input type="checkbox"/> DELETE
NAME	Pauline Smith	
STREET ADDRESS	11324 Bloomington Dr	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	DAVID B DAVEY	
STREET ADDRESS	8919 Palmetto way	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVID B DAVEY</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **DAVID B DAVEY** 4/14/97 813 884 2922

CR2E034 (9/96)