

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tandra B. Marshall
Secretary of State
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

95 MAY -1 PM 2:33

DOCUMENT # **V15606** (9)
CUSTOM COATINGS OF NORTH WEST FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location	Mainly Address
10804 HALE AVE PANAMA CITY BEACH FL 32407	10804 HALE AVE PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3112696	Not Applicable
22. State App # (if)	27. State App # (if)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. ZIP	25. ZIP	29. ZIP	30. ZIP
24	25	29	30
8. This corporation has authority to manage tax under § 190.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
JUSTICE, CHARLES 10804 HALE AVE PANAMA CITY BEACH FL 32407		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, WILLIAM R.	2. NAME	DELETE
STREET ADDRESS	17462 FRONT BEACH RD.	3. STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY BCH FL 32413	4. CITY, ST, ZIP	
TITLE	VD	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, T.E.	22. NAME	DELETE
STREET ADDRESS	105 ROSE HILL COURT	23. STREET ADDRESS	
CITY, ST, ZIP	ENTERPRISE FL 36330	24. CITY, ST, ZIP	
TITLE	TD	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, CHARLES	32. NAME	PRESIDENT
STREET ADDRESS	10804 HALE AVE	33. STREET ADDRESS	SAME
CITY, ST, ZIP	PANAMA CITY BEACH FL 32407	34. CITY, ST, ZIP	
TITLE	SD	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, MELISA	42. NAME	SECRETARY / TREASURER
STREET ADDRESS	10804 HALE AVE	43. STREET ADDRESS	SAME
CITY, ST, ZIP	PANAMA CITY BEACH FL 32407	44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied and the fees voluntarily furnished are true and comply with the requirements stated in Sections 190.031 and 190.032, Florida Statutes. I further certify that the information included 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 make up the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit with any of them.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Justice 4-18-95 904-231-9394