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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V48948 1. Corporation Name

COMMERCIAL COATINGS, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90041 022 ***150.00



Principal Plac	e of Business	Mailing Address		·-····································	TINGS BEHAR BIANT INCO (BIEL BIGHT IBIC OF	BEL BIBIL ATOLI BIBIL	NORTH BYBOL 1881	
6900 PHILLIPS	HWY	6900 PHILLIPS HWY						
STE 47		SUITE 47						
JACKSONVILLE FL 32216		JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE				
U\$.		US			3. Date Incorporated or Qualifed 07/06/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	١.
21		26			59-3136670	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	Additional equired	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		1
	,			81 Name				Ì
	IARDSON, MICHAEL LEE			82 Street Add	denna (D.O. Bay Number is blot Assentable)			ļ
	WESTWIND DRIVE			50 Street Add	dress (P.O. Box Number is Not Acceptable)			
JACI	(SONVILLE BEACH FL 32250			83		-	- 1 H	
							<u> </u>	
				84 City	F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statut	tes, the a	l l bove-named cor	poration submits this statement for the purpose	of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a	authorized	d by the corporat	tion's board of directors. I hereby accept the ap	pointment as re	gistered	
	m lamiliar with, and accept the obligation	JIIS 01, Section 607.0505, Fic	Jriua Şiai	utes.			ļ.	
SIGNATURË	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered	Agent signature requi	red when reinstating) DATE			_
12.	OFFICERS AND		13.	- rigorit organizator radar	ADDITIONS/CHANGES TO OFFICERS		IRS IN 12	(86/
TITLE	PS	☐ DELETE	1,1 TI	TLE		Change	Addition	11/
NAME	RICHARDSON, MICHAEL LEE		1.2 N	AME	•		_	
STREET ADDRESS	1692 WESTWIND DRIVE			TREET ADDRESS			l	F034
CITY-ST-ZIP	JACKSONVILLE FL							ļ Ļ
TITLE	VT .		140	TV CT 710				5
NAME	71 /	☐ DELETE	_	TY-ST-ZIP		☐ Change	☐ Addition	8
I MANKE	MIY IAMES STEDMEN	☐ DELETE	2.1 TI	TLE		☐ Change	☐ Addition	CRO
OTDECT ADDDECC	MIX, JAMES STEPHEN		2.1 TI 2.2 N/	TLE AME		☐ Change	☐ Addition	CRO
STREET ADDRESS	110 OCEAN HOLLOW LANE #10		2.1 TI 2.2 NV 2.3 ST	TLE AME TREET ADDRESS		☐ Change	☐ Addition	CBO
CITY-ST-ZIP	·	00	2.1 TI 2.2 NJ 2.3 ST 2.4 C	TLE AME TREET ADDRESS EITY-ST-ZIP			_	CRO
CITY-ST-ZIP TITLE	110 OCEAN HOLLOW LANE #10		2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI	TLE AME TREET ADDRESS DITY-ST-ZIP TLE		☐ Change	Addition	CR2
CITY-ST-ZIP TITLE NAME	110 OCEAN HOLLOW LANE #10	00	2.1 T/ 2.2 N/ 2.3 ST 2.4 C 3.1 T/ 3.2 N/	TLE AME TREET ADDRESS EITY-ST-ZIP TLE			_	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS	110 OCEAN HOLLOW LANE #10	00	2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST	TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS			_	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4. C	TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP		☐ Change	Addition	CRO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	110 OCEAN HOLLOW LANE #10	00	2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4. C 4.1 TI	TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE			_	CBO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TI 22 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4. C 4.1 TI 4.2 NV	TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TT 22 NV 23 ST 2.4 C 3.1 TT 32 NV 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME ITLE ITLE		☐ Change	Addition	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 OCEAN HOLLOW LANE #10	DELETE DELETE	2.1 TT 22 NV 23 ST 2.4 G 3.1 TT 32 NV 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CT	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP IREET ADDRESS TY-ST-ZIP	AND SANTAN AND AND THE PROPERTY AND	☐ Change	Addition	CB3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TT 22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 NV 4.3 S1 4.4 CI 5.1 TT 5.1 TT 7.1 T	TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition	CB3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	110 OCEAN HOLLOW LANE #10	DELETE DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 NV	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE WE WE		☐ Change	Addition	CB3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	110 OCEAN HOLLOW LANE #10	DELETE DELETE	2.1 TT 22 NV 23 ST 2.4 C 3.1 TT 32 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS		☐ Change	Addition	CB3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TT 22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CT	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE WE IREET ADDRESS TY-ST-ZIP TLE WE IREET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition	CBS
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	110 OCEAN HOLLOW LANE #10	DELETE DELETE	2.1 TT 22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CT 6.1 TI	TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition	CB2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 OCEAN HOLLOW LANE #10	DELETE	2.1 TT 22 AV 2.3 ST 2.4 C 3.1 TT 3.2 AV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 AV 5.3 ST 6.1 TT 6.2 AV	TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition Addition	

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.

904) 296-9460