

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 24 PM 12:48

DOCUMENT # **359567** (5)

1. Corporation Name  
**GENERAL CAULKING & COATINGS CO., INC.**

Principal Place of Business Mailing Address  
**2044 NE 15 CT 2044 NE 15 CT**  
**MIAMI FL 33179 MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |   |                                |
|--------------------------------|--|---------------------|--|---|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21                             |  | 2a                  |  | 02/11/1970  | 06/14/1994                     |
| 22                             |  | 27                  |  | 4. FEI Number   | Applied For                    |
| 23                             |  | 28                  |  | 59-1284060  | Not Applicable                 |
| 24                             |  | 29                  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25                             |  | 30                  |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees    |
| 26                             |  | 31                  |  | 8. This corporation has liability for intangible tax under S. 199.032, 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 |  |    |    |
| <b>ANDREWS, HORACE, JR</b><br><b>13320 SW 16 CT</b><br><b>DAVIE FL 33325</b> |  |  |  | B1   | Name   |    |    |
|  |  |  |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | B3   |  |    |    |
|  |  |  |  | B4   | City   | FL | B5 |

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | TD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KANISTRAS, GEORGE       | 1.2 NAME  |   |
| STREET ADDRESS             | 605 CHAPMAN RD          | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | OVIDO, FL 00000         | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KANISTRAS, GEORGE       | 2.2 NAME  |   |
| STREET ADDRESS             | 605 CHAPMAN RD          | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | OVIDO, FL 00000         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | PD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ANDREWS, HORACE S, JR   | 3.2 NAME  |   |
| STREET ADDRESS             | 13320 SW 16 CT          | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE, FL 00000         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOWNSON, TERRY          | 4.2 NAME  |   |
| STREET ADDRESS             | 5408 SEA BISCUIT RD     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PALM BCH GRDN, FL 00000 | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | V                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ENGELKE, MICHAEL        | 5.2 NAME  |   |
| STREET ADDRESS             | 6829 VERONESE ST.       | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CORAL GABLES FL         | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: *Horace S. Andrews, Jr.* 5/18/95 305 652 1020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)