

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 # 359567

1. Corporation Name

GENERAL CAULKING & COATINGS CO., INC.

Principal Place of Business

20444 NE 15 CT
MIAMI FL 33179

Mailing Address

20444 NE 15 CT
MIAMI FL 33179

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90040 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1970

4. FEI Number

59-1284060

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, HORACE, JR
13320 SW 16 CT
DAVIE FL 33325

81 Name

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, 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
NAME KANISTRAS, GEORGE
STREET ADDRESS 605 CHAPMAN RD
CITY-ST-ZIP OVIEDO, FL 00000

☐ DELETE

TITLE SD
NAME KANISTRAS, GEORGE
STREET ADDRESS 605 CHAPMAN RD
CITY-ST-ZIP OVIEDO, FL 00000

☐ DELETE

TITLE PD
NAME ANDREWS, HORACE S, JR
STREET ADDRESS 13320 SW 16 CT
CITY-ST-ZIP DAVIE, FL 00000

☐ DELETE

TITLE VD
NAME TOWNSON, TERRY
STREET ADDRESS 5408 SEA BISCUIT RD
CITY-ST-ZIP PALM BCH GRDN, FL 00000

☐ DELETE

TITLE V
NAME ENGELKE, MICHAEL
STREET ADDRESS 6829 VERONESE ST.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

733 HARBOR POINT DRNE
PALM BEACH GARDENS, FL 33410

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

1/15/99

(305) 652-1020

Date

Daytime Phone #

CR2E034 (11/98)