

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90034 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386125

1. Corporation Name

BRADSHAW INDUSTRIAL COATINGS, INC.

Principal Place of Business

HIGHWAY 640 & BRADSHAW PKWY
P.O. BOX 1107
MULBERRY FL 33860

Mailing Address

HIGHWAY 640 & BRADSHAW PKWY
P.O. BOX 1107
MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1971

4. FEI Number

59-1356891

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BRADSHAW-MARTIN, JOYCE
3715 GARY RD
MULBERRY FL 33860

10. Name and Address of New Registered Agent

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 *Joyce Bradshaw-Martin*
Signature, typed or printed name of registered agent and title if applicable.

JOYCE BRADSHAW-MARTIN 04/13/99
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BRADSHAW-MARTIN, JOYCE
STREET ADDRESS 3715 GARY ROAD
CITY-ST-ZIP MULBERRY-FL 33860 ☐ DELETE

TITLE ST
NAME CARROLL, SUZANNE M
STREET ADDRESS 6175 ALBRITTON RD
CITY-ST-ZIP MULBERRY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME THOMAS D. HARPER
1.3 STREET ADDRESS NORRISWOOD CT.
1.4 CITY-ST-ZIP MULBERRY, FL 33860

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
2.2 NAME JOYCE BRADSHAW-MARTIN
2.3 STREET ADDRESS 3715 GARY ROAD
2.4 CITY-ST-ZIP MULBERRY, FL 33860

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

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS D. HARPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-99

941/428-2597

Date

Daytime Phone #

CR2E034 (11/98)