FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **533100** **(4)**

1. Corporation Name

TECHNICAL COATING APPLICATORS, INC.

Principal Place of Business	Mailing Address
1419 W. 27TH STREET PANAMA CITY FL 32405-2203 US	1419 W. 27TH STREET PANAMA CITY FL 32405-2203 US

3. Date Incorporated or Qualified: **05/02/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1762490** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAGGETT, HERBERT
1419 WEST 27TH STREET, ~~P.O. BOX 1916~~ PA
~~PANAMA FL 32402~~

10. Name and Address of New Registered Agent

81 Name: BAGGETT, Herbert B.
82 Street Address (P.O. Box Number is Not Acceptable): 1419 W. 27th Street
83
84 City: Panama City FL 85 Zip Code: 32405

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 where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, HERBERT B, JR		1.2 NAME		
STREET ADDRESS	1105 RHODE ISLAND		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, HERBERT B		2.2 NAME		
STREET ADDRESS	4519 VISTA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 00000		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, BARBARA C		3.2 NAME		
STREET ADDRESS	4519 VISTA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	BAGGETT, ROBERT W		4.2 NAME	Robert W. BAGGETT	
STREET ADDRESS	1111 RHODE ISLAND		4.3 STREET ADDRESS	1419 W. 27th Street	
CITY-ST-ZIP	LYNN HAVEN FL		4.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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.

SIGNATURE: Herbert B. Baggett — 3-29-96 — (904) 769-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)