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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:43

DOCUMENT # **834330** **(3)**

1. Corporation Name
MANSFIELD INDUSTRIAL COATINGS, INC.

Principal Place of Business	Mailing Address
3201 W NINE MILE RD P O BOX 6205 BRENT STATION PENSACOLA FL 32503	3201 W NINE MILE RD P O BOX 6205 BRENT STATION PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1975
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1584282 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1325 W. Detroit Blvd.	26 POBox 6205, Brent Station
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32534 — Country 25 Escambia	Zip 29 32503 — Country 30 Escambia

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

MANSFIELD, TEDDY LYNN
3251 E KINGSFIELD
PENSACOLA FL 32514

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MANSFIELD, TEDDY L
STREET ADDRESS	3251 E KINGSFIELD RD
CITY ST ZIP	PENSACOLA FL
TITLE	ST
NAME	MANSFIELD, CAROL M
STREET ADDRESS	605 MEANDER LANE
CITY ST ZIP	CANTONMENT FL
TITLE	P
NAME	MANSFIELD, DALE C
STREET ADDRESS	605 MEANDER LANE
CITY ST ZIP	CANTONMENT FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Carol M. Mansfield *Carol M Mansfield* 1/11/95 904 477-6437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469076 FP