

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 834330 (3)

1. Corporation Name
MANSFIELD INDUSTRIAL COATINGS, INC.



Principal Place of Business 1325 W DETROIT BLVD P O BOX 6205 BRENT STATION PENSACOLA FL 32534 US	Mailing Address PO BX 6205 BRENT STATION P O BOX 6205 BRENT STATION PENSACOLA FL 32503-0205 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/14/1975 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1584282 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	1.2 NAME	
CITY-STATE-ZIP	NAME	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	NAME	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	NAME	2.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	NAME	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NAME	3.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	4.2 NAME	
CITY-STATE-ZIP	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	NAME	5.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS	NAME	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NAME	6.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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. Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol M. Mansfield 3/24/97 904-477-6437

CR2E034 (9/96)