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95 MAY -1 AM 7:47

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000495 (3)**

BRIDGEWATER PROTECTIVE COATINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **81 CHIMNEY ROCK ROAD BRIDGEWATER NJ 08807**
Mailing Address: **81 CHIMNEY ROCK ROAD BRIDGEWATER NJ 08807**

3. Date Incorporated or Qualified: **11/16/1992**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. State Apt # etc	26. State Apt # etc	22-2849777	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. City	29. City	7. The corporation has liability for intangible tax under § 193(2), Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. County			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607 (0602) and 607 (0608), 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 (0608), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLZ, JOHN M	12 NAME	
STREET ADDRESS	5304 EMERSON AVENUE	13 STREET ADDRESS	
CITY, ST, ZIP	PISCATAWAY NJ 08854	14 CITY, ST, ZIP	
TITLE	DS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLZ, JOAN M	22 NAME	
STREET ADDRESS	5304 EMERSON AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	PISCATAWAY NJ 08854	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 (0770b), Florida Statutes. I further certify that the information included 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 registered agent or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions attached to this filing.

SIGNATURE: X *Jack Scholz* Jack Scholz Pres. 3/9/95 9084696262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR