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 # F95000000206 (1)

1. Corporation Name
BLASTCOAT, INC.

Principal Place of Business
633 VICTORIA SQUARE LANE
LAKELAND FL 33813

Mailing Address
633 VICTORIA SQUARE LANE
LAKELAND FL 33813

2. Principal Place of Business
21 3103 MEADOW LANE
Suite, Apt. #, etc.
22
City & State
23 BARTOW FL.
Zip 24 33830 Country 25

2a. Mailing Address
26 3103 MEADOW LANE
Suite, Apt. #, etc.
27
City & State
28 BARTOW FL.
Zip 29 33830 Country 30

3. Date Incorporated or Qualified: 01/13/1995
3a. Date of Last Report:

4. FEI Number: 58-2153825 APPLIED FOR ☐ 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

WOLFE, LARRY
200 A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	BECKER, JOHN C	
STREET ADDRESS	633 VICTORIA SQUARE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VCV	☐ DELETE
NAME	LEGG, DENNIS L	
STREET ADDRESS	3103 MEADOW LANE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	☒ Change ☐ Addition
1.2 NAME	BECKER, JOHN C.	
1.3 STREET ADDRESS	1802 RYAN ROAD	
1.4 CITY-ST-ZIP	MULBERRY FL 33860	
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		

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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)(k), 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: John C Becker PRES. JOHN C. BECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (Date) 941 646 6210 (Daytime Phone #)