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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700001227 (4)

AWC COATINGS, INC.

FILED May 18 1998 8:00am Secretary of State



							NACON NINCO UNACO N	
Principal Place of Business Mailing Address								
	OLD HAMMOND HWY		15254 OLD HAMMOND HWY Suite A-4 Baton Rouge La 70816					
SUFFE	N ROUGE LA 70816	* *				DO NOT WRITE IN THIS SPACE		
ONION	THOUGH AN ABOTO	onion nooce at the	,,,,			3. Date Incorporated or Qualified 03/11/1997		
2. Princ	cipal Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			72-1070192		Not Applicable
Suite 22	e, Apt. #, etc.	Suite, Apt. #, etc.	——————————————————————————————————————			5. Certificate of Status Desired S8.75 Additional Fee Required		
	& State	City & State	City & State			6. Election Campaign Financing\$5.00 May Be		
23		28		Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.	Yes	∐ No
	9. Name and Address of Curr	ent Registered Agent		041		10. Name and Address of New Register	ed Agent	
	C T CORPORATION SYSTEM			B1	Name			
1200 \$O UTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable)	·	
	PLANTATION FL 33324							
				В3				
			-	84	City		. 85 Zi	p Code
					•		L	
11. Pu offi ag	rsuant to the provisions of Sections 607.0! fice or registered agent, or both, in the Sta lent. I am familiar with, and accept the obt	502 and 607.1508, Florida St ite of Florida. Such ch <mark>ange w</mark> igations of, Section 60 <mark>7.050</mark> 5	atules, the ab as authorized , Florida Stat	oove- d by t utes	named corporation	poration submits this statement for the purposition's board of directors. I hereby accept the s	e or changing appointment a	as registered
SIGNA	TURE Signature typed or printed name of registered a	argent and title if applicable	(NOTE: Registered	1 Agent	signature requi	red when reinstating) DAT		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD			1.1 TITLE			Change	e 🔲 Addition
NAME	GARNER, BOB A		1.2 NA	IM E				
STREET AL	DDRESS 18014 GRAND CYPRESS		1.3 STREET ADDRESS		DDRESS			
CITY-ST-	PATON DOLIGE LA		1.4 CITY - ST - ZIP		ZIP			
TITLE	VSD	VSD DELETE 2		2.1 TITLE			Change	e 🔲 Addition
NAME	\$CHAFFHAUSER , J A		2.2 NA	2.2 NAME				
STREET AL	DDRESS 16556 STRAIN RD		2.3 \$1	REET A	DORESS			
CITY-ST-	DATON DOLIGE LA		2.40	ITY-ST	- ZIP			
TITLE	CIU			TLE			Change	e 🔲 Addition
NAME	ALFORD, ROBERT C		32 N/	AME				
STREET A	40000 C MICCION WILLS		3351	REET A	DDRESS			
CITY-ST-	DATON DOLLCE LA			ITY-ST				
TITLE	<u> </u>	☐ DE LETE	4.1 10				Change	e 🔲 Addition
NAME			4.2 N	AME				
STREET A	DORESS				DDRESS			
CITY-ST-				TY-ST-				
TITLE	b -17	DELETE	5.1 TI		-		☐ Chang	e 🔲 Addition
NAME		••	5.2 NA					
STREET A	INNRESS				DORESS			
CITY-ST-				114-51-	1			
TITLE	- 411	DELETE	6.1 TI				Chang	e Addition
NAME			6.2 NA				•	
i .	Property				ADDRESS			
STREET A								
CITY-ST-		with this films does not avail		TY-SI-		Section 119 07/3/i) Florida Statutes I furthe	certify that t	he information

I 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 an attachment with an address.