

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H32298 (2)
1. Corporation Name
SARASOTA SEALCOATING, INC.



Principal Place of Business 628 FERNWALK LN OSPREY FL 34229 US	Mailing Address 628 FERNWALK LN OSPREY FL 34228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 628 Fernwalk Ln Suite, Apt. #, etc. 22 City & State Osprey Fl. Zip 34229 Country US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State Zip 30 Country		3. Date Incorporated or Qualified 01/01/1985	
2. Principal Place of Business 21 628 Fernwalk Ln Suite, Apt. #, etc. 22 City & State Osprey Fl. Zip 34229 Country US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State Zip 30 Country		4. FEI Number 59-2476863 Applied For Not Applicable	
2. Principal Place of Business 21 628 Fernwalk Ln Suite, Apt. #, etc. 22 City & State Osprey Fl. Zip 34229 Country US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 628 Fernwalk Ln Suite, Apt. #, etc. 22 City & State Osprey Fl. Zip 34229 Country US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State Zip 30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 628 Fernwalk Ln Suite, Apt. #, etc. 22 City & State Osprey Fl. Zip 34229 Country US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State Zip 30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROGINSKI, RICHARD E.
4298 LAS PALMAS WAY
SARASOTA FL 34238

Changed to
→

10. Name and Address of New Registered Agent

81 Name	Richard E. Roginski
82 Street Address (P.O. Box Number is Not Acceptable)	628 Fernwalk Ln.
83	
84 City	Osprey, Fl.
85 Zip Code	FL 34229

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGINSKI, RICHARD E.	1.2 NAME	
STREET ADDRESS	628 FERNWALK LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGINSKI, IRENE R.	2.2 NAME	
STREET ADDRESS	628 FERNWALK LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ Date: 4/14/98 (94) 377-2011

CR2E034 (10/97)