

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1997 MAY 16 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60535 (2)
1. Corporation Name
SCHRADER SPRAY COATING COMPANY, INC. OF FLORIDA

Principal Place of Business
4906 SAMOA CIRCLE
ORLANDO FL 32808

Mailing Address
4906 SAMOA CIRCLE
ORLANDO FL 32808

3. Date Incorporated or Qualified
06/05/1985

3a. Date of Last Report
03/21/1995

4. FEI Number
59-2552897

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

2. Principal Place of Business
21 659 ENDEAVOUR DRIVE N
Suite, Apt. #, etc.

2a. Mailing Address
26 659 ENDEAVOUR DRIVE N
Suite, Apt. #, etc.

22

27

City & State
23 WINTER SPRINGS

28 WINTER SPRINGS

Zip Country
24 32708-5164 25 ORANGE

29 32708-5164 30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHRADER, WILLIAM C.
4906 SAMOA CIRCLE
ORLANDO FL 32808
659 N ENDEAVOUR DR
WINTER SPRINGS FL
32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
659 ENDEAVOUR DRIVE

83

84 City
WINTER SPRINGS

FL 85 Zip Code
32708-5164

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.

WILLIAM C. SCHRADER, PRES

4/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. PST
SCHRADER, WILLIAM C.
4906 SAMOA CIRCLE
ORLANDO FL

2. VPS
SCHRADER, PATSY J.
4906 SAMOA CIRCLE
ORLANDO FL

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

REINSTATEMENT

700002187167-1
-05/21/97-01101-015
***915.00 ***915.00

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: Wm C Schrader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C SCHRADER, PRES
Date

4/10/97
Daytime Phone #

407-699-0502

CR2E034 (12/95)