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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # J45047** 

(4)

INDUS'	TRIAL FINISHING, INC.				
Principal Place	of Business	Mailing Address		F I FORIVO DIVI DI DAR DARA DE ANDID	TI FANDI AKNILE NIMEL MININ KINNI ALENII NIMEL INDII
968 HALL PARK DRIVE GREEN COVE SPRINGS FL 32043		PO DRAWER "G" GREEN COVE SPRINGS FL 32043 US			
		03		3. Date Incorporated or Qualified 11/24/1986	3a. Date of Last Report 02/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
11		26		59-2749255	Not Applicable
Suite Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State:		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>3</b>   Ζφ	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for	A00ed to Fees
4	25	29	30	· · · · · · · · · · · · · · · · · · ·	intangible tax under s 199.032, : □No
····	9. Name and Address of Cur			10. Name and Address of New F	
	The state of the s		81 Name		
BATTON, JIMMIE D. 968 HALL PARK DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
	COVE SPRINGS FL 32043		83		
			<b>84</b> City		85 Zip Code
or registere	the provisions of Sections 607.0 d agent, or both, in the State of F i, and accept the obligations of, S	Ilorida. Such change was author	ized by the corporation's boar	ation submits this statement for the purific directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
S:GNATUR(					
the second second	illy interestyped or printed name of registered a		IOTE Registered Agent signature require	·	DATE
12. DLF	PV	AND DIRECTORS  DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	BATTON, JIMMIE D.	□ beteve	1.2 NAME		C orange C Maskron
STELL ADDRESS	968 HALL PARK DR.		1.3 STREET ADDRESS		
CITY - ST- ZIP	GREEN COVE SPGS. FL		1.4 CITY - ST- ZIP		
TI'LE	ST	☐ DELETE	2 ↑ TITL€		Change Addition
NAME	BATTON, JIMMIE D.		2 2 NAME		
STHEET ADDRESS	968 HALL PARK DR.		2 3 STREET ADDRESS		
CITY - \$1 - ZIP	GREEN COVE SPGS. FL	E3 DC LET	2 4 CITY - ST - ZIP		F3 06 F3 4423
TI'LF		DELETE	3 1 TITLE		Change Addition
NAME CLUCK LAGOSPECE			3.2 NAME		
STREET ADDRESS  OFY-S1-78*			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
11°LE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
C-TY-ST-7P			4.4 CITY - ST - ZIP		
THE		DELFTE	5 1 TITLE		Change Addition
N4ME			5 2 NAME		
SIRE: LADORESS			5.3 STREET ADDRESS		
CIY SI ZP		DECETE	5.4 CITY - ST - ZIP 8.1 TITLE		Change Addition
NAM:			6 2 NAME		C comings C controls
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-SI-7P			6 4 CITY - ST - ZIP		
14. I do hereby certify that oath; that I	the information indicated on this a	annual report or supplemental an orporation or the receiver or trust	mished and does not qualify for nual report is true and accura ee empowered to execute this	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as if made under

SIGNING OFFICER OF DIRECTOR 3-6-96 904-284-3344