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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 09 1997 8:00am

Secretary of State

1. Corporation	Name # J93272 COATINGS, INC.	2 (9)			I ARTONO ONO ENGLA MINE CONTRACTOR CONTRACTOR	BIBIC BIBII BIBII BIBI BIBII BIBII IBBI	1
Principal Place	of Business	Mailing Address					İ
HWY 41 NORTH		HWY 41 NORTH					
P.O.BOX 2767		P.O.BOX 2767					
LAKE CITY FL 8	12056	LAKE CITY FL 32056-2767	7		3. Date Incorporated or Qualified	3a. Date of Last Report	
					09/22/1987	04/15/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26			58-1715357	Not Applic	cable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State					
23	,	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo	
Zip	Country	Zip	Countr	у	8. This corporation has liability for		
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
	RS, STEVEN		8.	Namo			
	S MARION STREET		82	Street Ac	Address (P.O. Box Number is Not Acceptable)		
LAKE	CITY FL 32055		8:				
				1			
			84	City		EI 85 Zip Code	
11. Pursuarit i	to the provisions of Sections 607.05	502 and 607,1508, Florida State	utes, the abo	_1 ve-named ce	orporation submits this statement for the p	purpose of changing its regist	tered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was loations of, Section 607,0505, F	s authorized b Torida Statute	by the corpo as:	ration's board of directors. I hereby accep	of the appointment as register	red
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
	Signature, typed or printed name of registered a			gent signature re	quired when reinstating)	DATE	
12.		ND DIRECTORS DELETE	13. 11 TILE		ADDITIONS/CHANGES TO OFFIC	Change Ad	
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NAME			62 NAMI				
STREET ADDRESS				ADDRESS			
14. Ldo hereb	ov certify that the information	ied with this filing dogs not aus	64 CHY		ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
Intormatio I am an o	on I nd icated on this annual of port o	r supplemental annual report is	strue and acc owered to exc	curate and th	hat my signature shall have the same legs port as required by Chapter 607, Florida S	al effect as if made under oath	h; that