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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J96741

NATIONAL COATING, INC.

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90110 017 \*\*\*150.00



Principal Place of Business Mailing Address									
1901 MASON AVENUE. SUITE 109 1901 MASON AVENUE. SUIT DAYTONA BEACH FL 32117-5105 DAYTONA BEACH FL 32117-						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/12/1987		,	
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For		
26						59-3092643	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	Fee Required		
City & State	e	City & State	28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country Zip		Cour	Country		8. This corporation owes the current year In			<u>ا</u> ــــ
24	25					Personal Property Tax.	Yes	<u>.</u>	No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
Hampton, Barbara J 625 Marina Point Dr			į	82 Street Address (P.O. Box Number is Not Acceptable)					,
DAY	TONA BEACH FL 32117			83		<del></del>			
				84	City	FL	85	Zip C	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change wa	s authorized	DV I	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changi intment	ng its i as reg	registered pistered
SIGNATURE						d when reinstation) DATE			
	Signature, typed or printed name of registered a			Ageni	t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIR!	ECTO	RS IN 12
12.	OFFICERS AND DIRECTORS  DELETE			13.		ADDITIONS/CHANGES TO OFFICERO A	[] Ch		Addition
TITLE	רט			1.2 NAME				-	_
NAME	HAMPTON, JEFFREY A								j
STREET ADDRESS	1000 / 1111000000			1.3 STREET ADDRESS					
CITY-ST-ZiP	DRMOND BEACH FL 32174			1.4 CITY-ST-ZIP 2.1 TITLE			☐ Ch	ange	Addition
TITLE	STD	,		2.2 NAME				·	_ \
NAME	T-	AMPTON, BARBARA J		2.3 STREET ADDRESS					
STREET ADDRESS	625 MARINA POINT DR								
CITY-ST-ZIP	DAYTONA BEACH FL 32117			2. 4 CITY-ST-ZIP 3.1 TITLE			□ Ch	ange	Addition
TITLE			3.1 M					-	_
NAME					ADDRESS				
STREET ADORESS									
CITY-ST-ZIP		DELETE	3.4. CI 4.1 TII		1-41P		☐ CH	iange	Addition
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NAME			- 1		ADDRESS				
STREET ADDRESS			1		j				
CITY-ST-ZIP		DELETE	4.4 CF 5.1 TF	_	1-4IP		[] Ch	ange	Addition
TITLE		F Dereie	5.1 III 5.2 NA					~-	
NAME					ADDRESS				ļ
STREET ADDRESS			5.4 CI						
C/TY-ST-ZIP		DELETE		_	1 CIF		Ch	ange	Addition
TITLE		LJ DELETE	6.2 NA					J-	
NAME					ADDRESS				ĺ
STREET ADDRESS			6.4 CI						
LOTE OF TIP	Ĺ		■ D.4 G	11-01	۱۳۵۲				

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, with all other like empowered.

SIGNATURE: