

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **J98960**

(4)

1. Corporation Name

**TECHNI-COAT, INC.**

Principal Place of Business

Mailing Address

**124 CUNNINGHAM DR  
NE SMYRNA BCH FL 32168  
US**

**124 CUNNINGHAM DR  
NEW SMYRNA BCH FL 32168-5008  
US**

3. Date Incorporated or Qualified

**10/22/1987**

3a. Date of Last Report

**04/18/1996**

4. FEI Number

**59-2854833**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROHNERT, KLAUS  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL 32168**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0562 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

**FEB. 10. 97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
GROHNERT, KLAUS  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
GROHNERT, HEDY S  
124 CUNNINGHAM DR  
NEW SMYRNA BCH FL**

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FEB. 10 97 428-2833**