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

PROFIT
CORPORATION
ANNUAL REPORT
1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVIGION OF CORPORATIONS

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OCUME Corporation Nam	NT # K47225	5 (3)					
SPRAY-CRETE INDUSTRIES, INC.							
21 -1-1 Pl	Puringe	Mailing Address		I IEDIONI PII DIDN IBNO IIRIE IIPEN	<b>7</b> 310 <b>7400 040</b> 0	61811    11611    191 	(6) (14) (66)
Principal Place of B		4725 N. LOIS AVE.					
4725 NORTH LOIS SHITE #100	S AVE.	SUITE 100					
TAMPA FL 33614		TAMPA FL 33614		3. Date incorporated or Qualified	3a. Date of Last Report 04/27/1995		
		US		11/28/1988	04		oplied For
Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-2921143			ot Applicable
		26				\$8.75	Additional
Suite, Apt. #, et	itc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			equired
2		City & State		6. Election Campaign Financing			May Be
City & State		28		Trust Fund Contribution			to Fees
3	Country	Zip	Country	8. This corporation has liability for	r intangible ta s □No	ax under s	199.032,
Zip 4	25	29	30	Florida Statutes	S LINO Registered	Agent	
*1	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New		<u> </u>	
			81 Name		N. Lan		
SHAMBLEN	N. J. GLEN		82 Street Ad	ldress (P.O. Box Number is Not Accepta	able)		
4725 N. LO			83		· · · · · · · · · · · · · · · · · · ·		
SUITE 100						85 Zu	Code
					1	60 -4	. 0000
TAMPA FL	. 33614		84 City		Fl	-     _	
TAMPA FL		is and 607 1508. Florida Statu		poration submits this statement for the p		- L	egistered office
TAMPA FL		72 and 607,1508, Florida Statur rida Such change was authori		poration submits this statement for the p hard of directors. I hereby accept the ap		- L	egistered office agent. I am
TAMPA FL		ction 607,0505, Florida Statute	tes, the above named corporation's best.		ourpose of cl oppointment a	- L	egistered offic€ agent. I am
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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 cath; 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 array futtachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR