

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

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 049 ***550.00

DOCUMENT # K47225

1. Corporation Name
SPRAY-CRETE INDUSTRIES, INC.

Principal Place of Business

3105 W WATERS AVE
STE #315
TAMPA FL 33614
US

Mailing Address

3105 W WATERS AVE
STE 315
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1988

4. FEI Number

59-2921143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 7906 HOPI PLACE

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33634

Country

25 USA

2a. Mailing Address

26 7906 HOPI PLACE

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33634

Country

30 USA

9. Name and Address of Current Registered Agent

SHAMBLIN, J. GLEN
3105 W WATERS AVE
STE 315
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

7906 HOPI PLACE

83

84 City TAMPA

FL

85 Zip Code 33634

11. Pursuant to the provisions of Sections 607.0502 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME SHAMBLIN, GLEN

STREET ADDRESS 3105 W WATERS AVE STE 315

CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME RONALD SHAMBLIN

STREET ADDRESS 98 S MAR DR

CITY-ST-ZIP PARKENSBURG WV 26101

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7906 HOPI PLACE

1.4 CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/99

813-249-7505

Daytime Phone #

CR2E034 (11/98)

0392457