FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74350 (5)

1. Corporation Name

SPRAY COAT INDUSTRIES, INC.

Principal Place of Business	Mailing Address
C/O SCALLION 150-2ND AVE STE 1600 ST. PETERSBURG FL 33701	C/O SCALLION 150-2ND AVE STE 1600 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 13413 Coronado Dr N
Suite, Apt. #, etc. 22
City & State 23: Largo FL
Zip 24: 34644 County 25: Pinellas

2a. Mailing Address
26 13413 Coronado Dr N
Suite, Apt. #, etc. 27
City & State 28: Largo FL
Zip 29: 34644 County 30: Pinellas

4. FEI Number: 59-2940635 ☐ 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

9. Name and Address of Current Registered Agent

SCALLION, GERALD P.
150-2ND AVE N
STE 1600
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Richard Scherer
82 Street Address (P.O. Box Number is Not Acceptable): 13413 Coronado Dr N.
83
84 City: Largo FL 85 Zip Code: 34644

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] President ✓ 4-24-95
(Signature, typed or printed name of registered agent, and title if applicable) (REQUIRED: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	SCHERER, RICHARD	12 NAME	
STREET ADDRESS	150-2ND AVE #1600	13 STREET ADDRESS	13413 Coronado Dr N.
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	Largo FL 34644
TITLE	DVT	21 TITLE	☒ Change ☐ Addition
NAME	SCHERER, MARY A.	22 NAME	
STREET ADDRESS	150-2ND AVE #1600	23 STREET ADDRESS	13413 Coronado Dr N
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	Largo FL 34644
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added by an attachment with an address.

SIGNATURE: ✓ [signature] Richard Scherer President ✓ 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0304612 CP