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 # K96159

ANCHOR COATINGS OF LEESBURG, INC.

Principal Place of Business Mailing Address									
2280 TALLY ROAD 2280 TALLY F									
LEESBURG FL US	34748	LEESBURG FL 34748 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		00	us						
						06/15/1989			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
2126						59-2952529			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. Certificate of Status Desired			
22 27 City & State City & State						- 			
						6. Election Campaign Financing S5.00 May Be Added to Fees			
			· Country			8. This corporation owes the current year Intangible			
24	[25]	29 30			Personal Property Tax.				
9. Name and Address of Current Registered Agent			1001	10. Name and Address of New Registered Ag			gent		
seetite mire vient 600 n. animari 1927 sa sillant					Name				
	lum, J. Stephen			82	Street Ada	ress (P.O. Box Number is Not Acceptable)		<u> </u>	
1330 W. CITIZENS BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
	TE 701			83					
LEESBURG FL 34748				84	City		85 Z	ip Code	
					City FL \8			2ip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	bove	-named cor	poration submits this statement for the purpose of cl	nanging	its registered	
office or s	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized orida Stati	o by utes	the corporat	ion's board of directors. I hereby accept the appoint	mem as	regisiereu	
SIGNATURE						·			
	Signature, typed or printed name of registered agent		E: Registered	Agen	t signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TOPS IN 12	
12.	OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 TI				Chan		
TITLE	ST DEPOS	O DECENT			ĺ			J	
NAME	TUTOR, DEBBIE		1.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	LEESBURG FL			1.4 CITY-ST-ZIP 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition	
TITLE	i Dr		l l	2.2 NAME				. .	
NAME	TUTOR, GARY JAMES				ADDRESS				
STREET ADDRESS			- 1			· · · · · · · · · · · · · · · · · · ·		-	
CITY-ST-ZIP			2. 4 C	_	ST-ZIP		Chan	ge Addition	
	•	C) OFFETE	3.1 N		1			<u> </u>	
NAME OTREET ARRESSO	1				TADDRESS				
STREET ADDRESS					T-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		91-ZIF		Chan	ge Addition	
NAME			4,2N				-	- -	
STREET ADDRESS	,				ADDRESS .				
CITY-ST-ZIP				ITY-S	1				
TITLE	-	☐ DELETE	5.1 Ti		. 411	·	Chan	ge Addition	
NAME		- ·			- 1				
1 SAME			5.2 N	AME					
STREET ANDRESS					TADORESS			•	
STREET ADDRESS CITY-ST-ZIP			5.3 S						

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 changes, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition

FILED

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90048 017 ***150.00