Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90003 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14656

1. Corporation Name

DAILY COATINGS, INC.

Principal Place	e of Business	Mai	iling Address						4111 61611 61611 6			
7-1			2 SEVENTH AVENUE. SOUTH									
P.O. BOX 214 P.O. BOX								DO NOT WRITE IN THIS SPACE				
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695								3. Date Incorporated or Qualifed				
								09/06/1989				
2 Principal P	face of Business	2a.	Mailing Address			_		4. FEI Number		App	olied For	
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26						59-2995546		Not	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						_ \$	8.75 A	dditional	
22		27						5. Certificate of Status Desired		Fee Re	quired	
City & Stat	e		City & State					6. Election Campaign Financing		\$5.00	May Be	
23	The state of the s	28	· • • • • • • • • • • • • • • • • • • •	-		•	٠.	Trust Fund Contribution	<u> </u>	Added to	o Fees	
Zip	Country		Zip	Co	ountry			8. This corporation owes the current			_ \	
24	25	29		30	_			Personal Property Tax.	<i>P</i>		□No	
	9. Name and Address of Currer	nt Regist	ered Agent		-			10. Name and Address of New Re	gistered Age	nt		
DAII	Y, PATRICK H.				81	Name					1	
	SEVENTH AVENUE, SOUTH				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable	le)			
	ETY HARBOR FL 34695				-							
OAI I	ETT TIAMBOTT TE 34033				83]	
					84	City			F1 8	5 Zip C	Code	
						L		at the site at the same at the same at	FL	naina ita	rogistored	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida	a. Such change was :	autho⊓ze	ed by	the corpo	oration	ration submits this statement for the pu s's board of directors. I hereby accept	the appointme	ent as reg	gistered	
SIGNATURE											{	
0,0,0,0,0	Signature, typed or printed name of registered age											
						nt signature re	equired s	when reinstating)	DATE	105050	DO 111 40	
12.	OFFICERS AN		CTORS	13	3.	nt signature re	equired v	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D			
12.	OFFICERS AN			1.1	TITLE	nt signature re	equired v		CERS AND D	IRECTO Change	RS IN 12	
	P DAILY, PATRICK	ID DIREC	CTORS	13 1.1 1 1.2	TITLE NAME		equired s		CERS AND D			
TITLE	P DAILY, PATRICK 132 SEVENTH AVENUE, SOUTH	ID DIREC	CTORS	1.1° 1.2° 1.3°	I. TITLE NAME STREET	TADDRESS	equired s		CERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAILY, PATRICK	ID DIREC	CTORS DELETE	13 1.1 ¹ 1.2 1.3 ¹ 1.4 ¹	TITLE NAME STREET CITY-S	TADDRESS	equired v		CERS AND D	Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE	P DAILY, PATRICK 132 SEVENTH AVENUE, SOUTH	ID DIREC	CTORS	13 1.1 1.2 1.3 1.4 2.1	TITLE NAME STREET CITY-S' TITLE	TADDRESS	equired v		CERS AND D			
TITLE NAME STREET ADDRESS CITY-57-2IP TITLE NAME	P DAILY, PATRICK 132 SEVENTH AVENUE, SOUTH SAFETY HARBOR FL	ID DIREC	CTORS DELETE	13 1.1° 1.2 1.3° 1.4° 2.1° 2.2°	TITLE NAME STREET CITY-S' TITLE NAME	FADDRESS	equired v		CERS AND D	Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE	P DAILY, PATRICK 132 SEVENTH AVENUE, SOUTH SAFETY HARBOR FL	ID DIREC	CTORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	I. TITLE NAME STREET CITY-S' TITLE NAME STREET	TADDRESS T-ZIP TADDRESS	equired v		CERS AND D	Change	Addition	
TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-5T-ZIP	P DAILY, PATRICK 132 SEVENTH AVENUE, SOUTH SAFETY HARBOR FL	ID DIREC	CTORS DELETE DELETE	13 1.11 1.2 1.3 1.4 2.1 2.2 2.3 2.4	I. TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP		ADDITIONS/CHANGES TO OFFI	CERS AND D	Change	☐ Addition	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR