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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25959** **(2)**

1. Corporate Name
COATING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
300 OCEAN TRAI WAY SUITE 1101 JUPITER FL 33477-5517	300 OCEAN TRAI WAY SUITE 1101 JUPITER FL 33477-5517

3. Date Incorporated or Qualified: **11/01/1989**
3a. Date of Last Report: **08/15/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
22 Suite, Apt. # or Bldg.
27 Suite, Apt. # or Bldg.
23 City & State
28 City & State
24 ZIP
25 County
29 ZIP
30 County

4. FEI Number: **65-0273715** ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANEY, JERRI M.
11380 PROSPERITY FARMS ROAD
SUITE 203
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1907 and 607.1908, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	D SANDERS, IRVING 300 OCEAN TRAIL WAY JUPITER FL	01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	☐ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP		05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP		09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition

14. I 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE: Irving Sanders, Irving Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: APRIL 29/95 Daytime Phone #: 407-7443428

0273715 CP