

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L72805 (9)  
1. Corporation Name  
PARAMOUNT COATINGS, INC.



Principal Place of Business Mailing Address  
% THOMAS S. RILEY, III  
6001 TAYLOR ROAD  
NAPLES FL 33942 % THOMAS S. RILEY, III  
6001 TAYLOR ROAD  
NAPLES FL 34109-1834

2. Principal Place of Business 2a. Mailing Address  
21 1510 Rail Head Blvd. 26 1510 Rail Head Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Naples, Florida 28 Naples, Florida  
24 34110 25 USA 29 34110 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
05/11/1990 05/01/1996  
4. FEI Number Applied For  
65-0205579 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 10. Name and Address of New Registered Agent  
RILEY, THOMAS S., III 81 Name  
6001 TAYLOR ROAD 82 Street Address (P.O. Box Number is Not Acceptable)  
NAPLES FL 33942 1510 Rail Head Blvd.  
83  
84 City Naples, FL 85 Zip Code 34110

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 agree to the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE *Thomas S. Riley, V.P.* DATE 4/23/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, J. EDWIN	1.2 NAME	
STREET ADDRESS	6001 TAYLOR RD.	1.3 STREET ADDRESS	1510 Rail Head Blvd.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FLORIDA 34110
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, THOMAS S., III	2.2 NAME	
STREET ADDRESS	6001 TAYLOR RD.	2.3 STREET ADDRESS	1510 Rail Head Blvd.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34110
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: *Thomas S. Riley, V.P.* DATE: 4/23/97

CR2E034 (9/96)