

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M41950** (0)

1. Corporation Name

GOLD COAST STRIPING, INC.



Principal Place of Business

9723 N.W. 42ND COURT
SUNRISE FL 33351

Mailing Address

9723 N.W. 42ND COURT
SUNRISE FL 33351

2. Principal Place of Business

21 **2928 N. INDIAN RIVER DR FT. PIERCE**

Suite, Apt. #, etc.

22 City & State

FT. PIERCE, FL.

23 Zip Country

34946 USA

2a. Mailing Address

26 **2928 N. INDIAN RIVER DR FT. PIERCE**

Suite, Apt. #, etc.

27 City & State

FT. PIERCE, FL.

28 Zip Country

34946 USA

3. Date Incorporated or Qualified
11/19/1986

3a. Date of Last Report
09/25/1995

4. FEI Number

59-2747391

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

JONES, ROGER L.
9723 N.W. 42 COURT
SUNRISE FL 33351

**NEW ADDRESS IS
ONLY CHANGE →**

10. Name and Address of New Registered Agent

81 Name

JONES, ROGER L.

82 Street Address (P.O. Box Number is Not Acceptable)

2928 NORTH INDIAN RIVER DRIVE

83

84 City

Fort Pierce,

FL

85 Zip Code

34946

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, typed or printed name of registered agent and their corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PDV
JONES, ROGER L.
9723 NW 42 COURT
SUNRISE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**ST
JONES, ROGER L.
9723 NW 42 COURT
SUNRISE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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)(k), 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:

Roger Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

DATE

407 595-3008

DAYTIME PHONE

CR2E034 (12/95)