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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M82542

(5)

1. Corporation Name
OCEAN SPRAY PAINTING, INC.



Principal Place of Business

499 NE MIDVALE ST
PORT ST. LUCIE FL 34983

Mailing Address

499 NE MIDVALE ST
PORT ST. LUCIE FL 34983-1232

3. Date Incorporated or Qualified
05/23/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3292 SE INLET HARBOUR TER
Suite, Apt. #, etc.

2a. Mailing Address

26 3292 SE INLET HARBOUR TER
Suite, Apt. #, etc.

4. FET Number
65-0053290

Applied For
Not Applicable

22 City & State
23 STUART, FL

27 City & State
28 STUART, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34996 Country USA

29 Zip 34996 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAUM, WILLIAM J.
499 NE MIDVALE ST
PORT ST. LUCIE FL 34953

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 607.0502 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 title, if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BAUM, WILLIAM J.
STREET ADDRESS 499 NE MIDVALE ST
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE VTD
NAME BAUM, THERESA A.
STREET ADDRESS 499 NE MIDVALE ST
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE SD
NAME MOBE, TIM M.
STREET ADDRESS 2001 DELAWARE AVENUE
CITY-ST-ZIP FT. PIERCE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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. THERESA A. BAUM

SIGNATURE

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CR2E034 (9/96)