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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M96196

(4)

1. Corporation Name

FLORIDA COATINGS, INC.



Principal Place of Business

Mailing Address

% RANDY R. HARE  
5427-H GINGER COVE DR  
TAMPA FL 33634

% RANDY R. HARE  
5427-H GINGER COVE DR  
TAMPA FL 33634

2. Principal Place of Business

2a. Mailing Address

21 1018 Spindle Palm way

26 1018 Spindle Palm way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Apollo Beach, FL.

28 Apollo Beach, FL

24 Zip

Country

29 Zip

Country

25 Hills.

30 Hills.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARE, RANDY R.  
5427-H GINGER COVE DR  
TAMPA FL 33634

81 Name Randy R. HARE

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

1018 Spindle Palm way

83

84 City Apollo Beach

FL

85 Zip Code

33572

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 X Randy R. HARE

(NOTE: Registered Agent signature required when reinstating)

X 4-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PRESIDENT  
STREET ADDRESS HARE, RANDY R.  
CITY-ST-ZIP 4302-A SWEETWATER DR  
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)