FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M98189** **(7)**

1. Corporate Name

SHIELD SEAMLESS EPOXY FLOORING, INC.

Principal Place of Business: P O BOX 516, SEFFNER FL 33584-6998

Mailing Address: P O BOX 516, SEFFNER FL 33584-6998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1988

3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-29 12842 — 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. ... Florida Statutes. X Yes [ ] No

2. Principal Place of Business: 21 8006 W Franklin Rd. Plant City FL 33565

2a. Mailing Address: 26 8006 W Franklin Rd Plant City FL 33565

9. Name and Address of Current Registered Agent

POWELL, WILLIAM GARY
306 HICKORY LN
SEFFNER FL 33584

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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	ROY, GARY
STREET ADDRESS	1039 SO. 50TH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	DST
NAME	POWELL, WILLIAM GARY
STREET ADDRESS	306 HICKORY LN
CITY-ST-ZIP	SEFFNER FL
TITLE	DP
NAME	JANE, KENNETH A.
STREET ADDRESS	306 HICKORY LN
CITY-ST-ZIP	SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[x] Change	Please delete, no longer an officer/owner	
[x] Change	P	8006 W Franklin Rd, Plant City, FL 33565
[x] Change	VP	2606 Kirkland Road, Dover FL 33527

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)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 (Date) 8136232390 (Daytime Phone #)

0441893 FP