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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30710

DUSTCOATING, INC.

Principal Place of Business

70	٦
- 10	
- 1	1

Mailing Address

FILED
Apr 21 1997 8:00am
Secretary of State

1825 D'CHENE LANE 1APLE PLAIN MN 65359		6925 D'CHENE I Maple Plain M				
					3. Date Incorporated or Qualified 08/24/1990	3a. Date of Last Report 02/14/1996
2. Principal Pla	ice of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For
1		26			41-1300817	Not Applicable
Sulte, Apt. #	, etc.	Suite, Apt.	Suite, Apt. #, etc. 7		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for	intangible tax under s. 199.032,
4	25	29	30		Florida Statutes	☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			83	dress (P.O. Box Number is Not Acceptal		
				84 City		os Tin Codo

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

SIGNATURE Signature, typed or printed name ut leg, breed agend and skiller 4 approachable NOTE Brogeshered Agency Dispace regulated whon relinationally DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
TITLE	SIGNATURE	Signature, typed or printed name of registered agent and title if age	olicable (NOTE: F	Registered Agent signature require	ad whon reinstating)	DATE	
NAME STREET ADDRESS CITY-ST-ZIP MAPLE PLAIN MN	12,			13.			
STREET ADDRESS SP25 D'CHENE LANE 13 STREET ADDRESS	TITLE	PO	DELETE	1.1 TOLE		☐ Change	Addition
MAPLE PLAIN MN	NAME	JOHNSON, LARRY D.		1.2 NAME			
TITLE	STREET ADDRESS	6925 D'CHENE LANE		1.3 STREET ADDRESS			J
NAME STREET ADDRESS G925 D'CHENE LANE 2.3 STREET ADDRESS CITY-ST-ZIP MAPLE PLAIN MN 2.4 CITY-ST-ZIP Change Addition Addit	CITY-ST-ZIP	MAPLE PLAIN MN		1.4 CITY - ST - ZIP			
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NAME	CITY-ST-ZIP	MAPLE PLAIN MN		2. 4 CITY-ST-7IP)
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I the exemption stated in Section 119.07(3)(f). 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 eath; that I am an efficier 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.