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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:23

DOCUMENT # P38456 (0)

1. Corporation Name
TREASURE COAST COATINGS INC.

Principal Place of Business	Mailing Address
342 NW CURRY ST. PORT ST. LUCIE FL 34983	342 NW CURRY ST. PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

TREASURE COAST COATINGS, INC.
1603-05 BILTMORE STREET
PORT ST. LUCIE, FL 34984
871-1483

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/17/1992	03/03/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0310885	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
ADOMAITIS, LESLIE J. 342 NW CURRY ST. PORT ST. LUCIE FL 34983	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

TREASURE COAST COATINGS, INC.
1603-05 BILTMORE STREET
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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: Leslie J. Adomaitis Pres. Leslie J. Adomaitis, Jr., President 25 February 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	ADOMAITIS, LESLIE J., JR	1.2 NAME	
STREET ADDRESS	342 NW CURRY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	ADOMAITIS, LESLIE J., JR	2.2 NAME	
STREET ADDRESS	342 NW CURRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☐ Change ☐ Addition
NAME	ADOMAITIS, LESLIE J., JR	3.2 NAME	
STREET ADDRESS	342 NW CURRY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ADOMAITIS, LESLIE J., JR	4.2 NAME	
STREET ADDRESS	342 NW CURRY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Leslie J. Adomaitis Pres. Leslie J. Adomaitis, Jr. President 25 February 1995 407-828-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0363780 CP