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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38456 (0)

1. Corporation Name

TREASURE COAST COATINGS INC.

FILED

97 FEB 25 AM 11:08

SECRETARY OF STATE
TREASURY



Principal Place of Business

1603-05 BILTMORE ST
PORT ST. LUCIE FL 34984
US

Mailing Address

342 NW CURRY ST.
PORT ST. LUCIE FL 34983
US

REINSTATEMENT

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 1603-05 Biltmore St.

27 Suite, Apt. #, etc.

28 Port St. Lucie, FL

29 34984 30 USA

3. Date Incorporated or Qualified
04/17/1992

3a. Date of Last Report
03/17/1995

4. FEI Number
65-0310885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

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.
1603-05 BILTMORE ST
PORT ST. LUCIE FL 34984

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 reinstating)

8/26/96

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME ADOMAITIS, LESLIE J., JR.
STREET ADDRESS 342 NW CURRY ST.
CITY- ST- ZIP PT. ST. LUCIE FL

TITLE VC
NAME ADOMAITIS, LESLIE J., JR.
STREET ADDRESS 342 NW CURRY ST.
CITY- ST- ZIP PT. ST. LUCIE FL

TITLE VPS
NAME ADOMAITIS, LESLIE J., JR.
STREET ADDRESS 342 NW CURRY ST.
CITY- ST- ZIP PT. ST. LUCIE FL

TITLE T
NAME ADOMAITIS, LESLIE J., JR.
STREET ADDRESS 342 NW CURRY ST.
CITY- ST- ZIP PT. ST. LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCP
1.2 NAME Adomaitis, Leslie J. Jr.
1.3 STREET ADDRESS 1603-05 Biltmore St.
1.4 CITY- ST- ZIP Port St. Lucie FL

2.1 TITLE VC
2.2 NAME Adomaitis, Leslie J. Jr.
2.3 STREET ADDRESS 1603-05 Biltmore St.
2.4 CITY- ST- ZIP Port St. Lucie FL

3.1 TITLE VPS
3.2 NAME Adomaitis, Leslie J. Jr.
3.3 STREET ADDRESS 1603-05 Biltmore St.
3.4 CITY- ST- ZIP Port St. Lucie FL

4.1 TITLE T
4.2 NAME Adomaitis, Leslie J. Jr.
4.3 STREET ADDRESS 1603-05 Biltmore St.
4.4 CITY- ST- ZIP Port St. Lucie FL

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

6.1 TITLE
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 19.07(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

8/26/96 407-871-1483
Daytime Phone #

CR2E034 (12/95)