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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38682 (1)

WATTYL PAINT CORPORATION

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address						
	REE INDUSTRIAL BLVD.		5275 PEACHTREE INDUSTRIAL BLVD.						
ATLANTA GA	30341	ATLANTA GA 30341				DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualified			
						05/06/1992			
2. Principal Pl	ace of Business	2a. Mailing Address		-		4. FEI Number		TÁ	pplied For
21	26	.9			58-0554837		}} -	ot Applicable	
Suite, Apt	#. elc.	Suite, Apt. #, etc.						Additional	
22		27			5. Certificate of Status Desired			equired	
City & State	9	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	П		to Fees
Zip			Cou	Country		8. This corporation owes or has pa	id the cu		
24	25	29	30	ĺ		Personal Property Tax due June		_ ′ -	T No
	9. Name and Address of Curre		1001	Ţ		10. Name and Address of New Re			
HE	EBNER, PETER B P.A.			81	Name				
	NORTH HALIFAX AVE.			-	Change A 1	draga (D.O. Bay Nigerbania Niger	No.		
	YTONA BEACH FL 32118		82 Street Ad			dress (P.O. Box Number is Not Acceptat	ne)		
יאט איט	ITYIN DENVII I'E 02110			83					
				84	City		FL	85 Zip	Code
44 Dureupat I	to the provisions of Sections 607.06	02 and 607 1509 Florida Stat	utor the al	bovo	named cor	rporation submits this statement for the p		(changing i	te registered
office or re	egistered agent, or both, in the Stat	e of Florida, Such change was	s authorize	d by	the corpora	ation's board of directors. I hereby accep	of the app	ointment as	registered
agent. I ar I	m familiar with, and accept the obliq	gations of, Section 607.0505, F	Florida Stat	lutes	i.				
SIGNATURE	Signature, typed or pouled name of registered as		OIE Busiclator	of Account		uired when reinstating)	DATE		
12.	 	ND DIRECTORS	13.	o Agei	ili signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	2S IN 12
TITLE	PCEO	DELETE	1.1 10	TLF		ADDITIONO/OF BUILDING	ZE110 7 (14)	Change	Addition
NAME	BOSSET, CHRIS		1.2 N/						
STREET ADDRESS 308 OLD COUNTRY ROAD			1.3 STREET ADDRESS		ADDRESS				
	EDGEWATER FL		1.4 CITY- ST-ZIP						
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		2111		1-ZIP			Change	Addition
	80 SHELL, GREG J.	[_J 0:L()L	22 NAME					U bliefige	L. Addition
NAME	48 WALKER ST.								
STREET ADDRESS			2.3 STREET ADDRE		· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP			2.40		ST - ZIP			Change	t autora
TITLE	·		3,1 11			·		Change	Addition
NAME	KEESECKER, ROBERT		3,2 NA						
STREET ADDRESS	308 OLD COUNTRY RD				ADDRESS				
CITY-ST-ZIP	EDGEWATER FL		3.4. C		I - ZIP			<u> </u>	
TITLE	AS	☐ DELETE	4.1 11	7LE				Change	Addition
NAME	SANFORD, SONYA C		4, 2 N	IAME					
STREET ADDRESS	The state of the s		4.3 ST	rreet i	ADDRESS				
CITY-ST-ZIP	ATLANTA GA		4. <u>4 C</u> I	1Y-\$1	I - ZIP				
TITLE		DELETE	5.1 70	TLE				Change	Addition
NAME			5.2 N/	AME	ļ				
STREET ADDRESS			5,3 S1	REET.	ADDRESS				
CITY-ST-ZIP			5.4 CI						
TITLE		DELETE	6.1 TI					Change	☐ Addition
NAME			6.2 N/						
STREET ADDRESS					ADDRESS				
STREET ADDRESS			0.3 51	MEET A	VINTO9				

14. Thereby certify that the information supplied with this filing 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