SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 JUN 30 AM 9:57

DOCUMENT # **P93000002610 (2)**

1. Corporation Name

SPRAY-CRETE BY G.M.R. INC.

Principal Place of Business	Mailing Address
5015 W. WATER AVE. **SUITE E** **TAMPA FL 33634**	**5015 W. WATER AVE.** **SUITE E** **TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1993**	3a. Date of Last Report: **02/03/1994**
4. FEI Number: **59-3160596**	☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THIEL, GREGORY A **5015 W. WATER AVE.** **SUITE E** **TAMPA FL 33634**	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 607.1509, 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 _____ DATE _____
(If changing Registered Agent, type or print name of new Registered Agent and the title if applicable) (If changing Registered Agent, signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (FL)		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	THIEL, GREGORY A	12 NAME		
STREET ADDRESS	4529 ELM STREET	13 STREET ADDRESS	8918 Eastman Pl.	
CITY ST ZIP	TAMPA FL 33614	14 CITY ST ZIP	Tampa FL 33626	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	GLASS, RODNEY A	22 NAME		
STREET ADDRESS	7809 CORTEZ AVE.	23 STREET ADDRESS	Left Company -	
CITY ST ZIP	TAMPA FL 33614	24 CITY ST ZIP		
TITLE	D	31 TITLE	☐ Change	☐ Addition
NAME	HALPHEN, MARC	32 NAME		
STREET ADDRESS	4338 LONGSHORE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	LAND O'LAKES FL	34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: Gregory A. Thiel 6-26-95 President
SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Capacity/Status

01/01/87 CP