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**PROFIT** CORPORATION ANNUAL REPORT



FLOR-DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000008484 (5)

CONCRETE COATING DESIGNS, INCORPORATED



Principal Place	of Business	Mailing Address				I HERICORO BIRO DORIN BONN BONN BO	140 <b>60</b> 111 <b>9510</b> 1 <b>101</b> 11	01601 (611) 9401 <b>100</b> 4
11334 SKI JACKSON US	MMER CT VILLE FL 3225	11334 SKIMMER COURT JACKSONVILLE FL 32247						
						3. Date Incorporated or Qualified 3a 01/24/1994	. Date of Last I <b>07/07/</b>	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2851966		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	30 Cou	untry		8. This corporation has liability for intang Florida Statutes Yes	jible tax under s	
	g. Name and Address of Currer	nt Registered Agent		Ι		10. Name and Address of New Regist	ered Agent	
MOSS	CANEODD			81	Name			
11334	S, SANFORD SKIMMER COURT		82 Street Ad		Street Addre	oss (P.O. Box Number is Not Acceptable)		
JACKS	SONVILLE FL 32247			83				
				84	City		FL 85 Z	'ıp Code
Or registeri	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Seich change was aufnonze	ed hy lae d	ive na corpor	med corpora alion's board	ation submits this statement for the purpose I of directors. I hereby accept the appointment	of changing its ent as registere	registered office d agent. I am
SIGNATURE _	Signar no speed of probability in corresponding pass							
12.		D DIRECTORS	13.	IApris	si praticio recipio di		AND DIDE OU	OF STATE OF
TITLE	D	DELETE	1 1 1	TLF		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
NAME	MOSS, SANFORD		1.2 MA	AME			[ ] o mag	i riddillon
STREET ADDRESS	11334 SKIMMER COURT		1 3 51	IREEL AC	DORESS		~ ~	
CITY - ST - ZIP	JACKSONVILLE FL 32247		1.4.01	117 - SI -	206	ACKSONVILLE FL 327	125	ļ
TITLE	D DAME MADELYN I	☐ DELETE	2 1 1	THE				
NAME	DAWE, MARILYN J						Change	☐ Addition
STREET ADDRESS	11224 CHRISTO COURT		2.2 NA	AME:				☐ Addition
	11334 SKIMMER COURT		2351	TREET AC	DORFSS	20. 11. 11.11.11.11.11.11.11.11.11.11.11.1	Change	Addition
CITY - ST - ZIP	11334 SKIMMER COURT JACKSONVILLE FL 32247	The street	23 ST 24 CF	TREET AD	DDAFSS ZIP J	ACKSONVILLE FL 322	Change	
TITLE		☐ DELETE	23 ST 24 CF 3 1 H	TREET AC HTY - ST HTLE	DORFSS ZIP 4	ACKSONVILLE FL 322	Change	☐ Addition
TITLE NAME		☐ DELETE	23 ST 24 CF 3 1 H 3 2 N4	TREET AD HTY - ST- HTLE AME	ZIP J	ACKSONVILLE FL 322	Change	
TITLE NAME STREET ADDRESS		☐ DELETE	23 ST 24 CF 3 1 H 32 N4 33 SF	TREET AD HTV - ST - , HTLE AME STREET AF	ZIP J	ACKSONVILLÉ FL 322	Change	
TITLE NAME		☐ DELETE	23 ST 24 CF 3 1 H 32 N4 33 SF	TREET AD HTY-SI- HTLE AME STREET AT	ZIP J	ACKSONVILLÉ FL 322	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP			2 3 ST 2 4 CF 3 1 H 3 2 N4 3 3 ST 3 4 CF	TREET AD HTV-ST- HTLE AME STREET AF HTV-ST-	ZIP J	ACKSONVILLÉ FL 322	Change	
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE			23 ST 24 CF 3 1 H 32 NA 33 SI 34 CF 4 1 TF 42 NA	TREET AD HTV-ST- HTLE AME STREET AF HTV-ST-	ZIP J ODRESS ZIP	ACKSONVILLÉ FL 322	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			23 ST 24 CF 3 1 H 32 NA 33 SF 34 CF 4 1 TF 42 NA 43 SF	TREET AC HTV-ST- HTLE AME STREET AC HTV-ST- HTLE AME	ZIP Z  DDRESS ZIP  DDRESS	ACKSONVILLÉ FL 322	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			23 ST 24 CF 3 1 H 32 NA 33 SF 34 CF 4 1 TF 42 NA 43 SF	TREET AD HTV-ST- HTLE AME GREET AG HTV-ST- HTLE AVE HREET AD HTV-ST- HTLE	ZIP Z  DDRESS ZIP  DDRESS	ACKSONVILLÉ FL 322	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	23 ST 24 CF 3 1 H 32 NA 33 SF 34 CF 4 1 TF 42 NA 43 SF 44 CF	TREET AD HTY-SI- HTLE STREET AT HTY-SI- HTLE AME HTY-SI- HTLE HTEET AD HTY-SI- HTLE	ZIP Z  DDRESS ZIP  DDRESS	ACKSONVILLÉ FL 322	Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	23 ST 24 CF 3 11H 32 NA 33 SF 54 CF 4 1 TF 42 NA 43 SF 44 CF 5 1 TF 52 NA	TREET AD HTY-SI- HTLE STREET AT HTY-SI- HTLE AME HTY-SI- HTLE HTEET AD HTY-SI- HTLE	ZIP 3 DDRESS ZIP DDRESS ZIP	ACKSONVILLÉ FL 322	Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z-P TITLE NAME STREET ADDRESS CITY-ST-Z-P CITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	23 ST 24 CF 3 1 TF 32 NA 33 SF 34 CF 4 1 TF 42 NA 43 SF 44 CF 5 1 TF 52 NA 53 ST	TREET AD HTY-ST- UTLE AME STREET AD HTY-ST- HTLE AME LREET AD HTY-ST- HTLE AME AME AME AME AME AME AME AME	ZIP 3 DDRESS ZIP DDRESS ZIP	ACKSONVILLÉ FL 322	Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	23 ST 24 CF 3 1 TF 32 NA 33 SF 34 CF 4 1 TF 42 NA 43 SF 44 CF 5 1 TF 52 NA 53 ST	TREET AD HTY-ST- HTLE AME STREET AD HTY-ST- HTLE AVE HREET AD HTLE AME HREET AD HTLE AME	ZIP 3 DDRESS ZIP DDRESS ZIP	ACKSONVILLE FL 322	Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		☐ DELETE	23 ST 24 CF 3 1 TF 32 NA 33 SF 4 1 TF 42 NA 43 SF 44 CF 5 1 TF 52 NA 53 ST 54 CF	TREET AD HTY-ST- HTLE AME STREET AD HTLE HTLE HTLE HTLE HTLE HTLE HTLE HTLE	ZIP 3 DDRESS ZIP DDRESS ZIP	ACKSONVILLE FL 322	Change  Change  Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	23 ST 24 CF 3 1 TT 32 NA 33 ST 4 1 TT 42 NA 43 ST 44 CF 5 1 TT 52 NA 53 ST 54 CF 6 F TT 62 NA	TREET AD HTY-ST- HTLE AME STREET AD HTLE HTLE HTLE HTLE HTLE HTLE HTLE HTLE	ZIP 3 DDRESS ZIP DDRESS ZIP DDRESS ZIP	ACKSONVILLE FL 322	Change  Change  Change	Addition  Addition

certify that the information indicated on this arinual 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 at 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 in a statutes with an address

SIGNATURE:

4/26/96 (904)645 7080 Daylor Paris