Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90057 024 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT

Country

1. Corporation Name

23

24

DID-LIEHPON CIVI CHI THOI	
DYNAMIC POWDE	GR COATING, IN C.
Principal Place of Business	Mailing Address
C/O DYNAMIC POWDER COATING 410 A SHEARER BLVD COCOA FL 32922 US	C/O DYNAMIC POWDER COASTING 410 A SHEARER BLVD COCOA FL 32922 US
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

28

Zip

Yes 30 Personal Property Tax. 25 29 9. Name and Address of Current Registered Agent PIERSON, DERALD D 1525 BELLA CASA CT. **MERRITT ISLAND FL 32952**

Country

\ _	to, Hallie and Address of her negist	0.00 m	3		
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FL	85	Zip Code	

8. This corporation owes the current year Intangible

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/18/1994 4. FEI Number

59-3245098

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

agent. I a	m familiar with, and accept the obligations of, Section 60	7.0505, Florid	a Statutes.	ation 5 board or at	TOOKS OF THIS CODY GOOD	pr vio appointment in		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature req	uired when reinstating)		DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIO	DNS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	PIERSON, DERALD D		1.2 NAME					
STREET ADDRESS	1525 BELLA CASA CT.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP					
TITLE	VD	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	EASTERLY, DWIGHT		2.2 NAME					
STREET ADDRESS	1500 HOLIDAY		2.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP					
TITLE	SD	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	PIERSON, PHYLLIS M.		3.2 NAME					
STREET ADDRESS	1525 BELLA CASA COURT		3.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE		DELETE	6.1 TITLE			Change	Addition	
N _F ME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST. ZIP			6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 true 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 with all other like empowered.

SIGNATURE: