FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 4:51
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000066965 (2)

1. Corporation Name
SYNERGY POWDER COATINGS, INC.

Principal Place of Business
1117 PALMA SOLA BLVD.
BRADENTON FL 34209

Mailing Address
1117 PALMA SOLA BLVD.
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0526 030 — 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: 180 Park Rd.
Suite, Apt #, etc.
22: Ste-118
City & State
23: Oviedo, FL
Zip
24: 32765
Country
25: Seminole

2a. Mailing Address
26: 180 Park Rd. Ste-118
Suite, Apt. #, etc.
27:
City & State
28: Oviedo, FL 32765
Zip
29: 32765
Country
30: Seminole

9. Name and Address of Current Registered Agent
SCHEB, ROBERT R P
1605 MAIN STREET
SUITE 705
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name: ~~Nelson, W.K.~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~1024 Weathered Wood Circle~~
83: ~~Winter Springs, FL 32708~~
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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☒ Change ☐ Addition
NAME	NELSON, W K	1.2 NAME	Nelson, W.K.
STREET ADDRESS	1117 PALMA SOLA BLVD.	1.3 STREET ADDRESS	1024 Weathered Wook Circle
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WILLIAMS, ROBERT C	2.2 NAME	Howard Helms
STREET ADDRESS	2075 47TH STREET	2.3 STREET ADDRESS	984 Wookcrest Way
CITY-ST-ZIP	SARASOTA FL 34234	2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MURDOCK, DEBORAH J	3.2 NAME	Mike Murdock
STREET ADDRESS	P.O. BOX 1580	3.3 STREET ADDRESS	14344 SE 131st Place
CITY-ST-ZIP	OCKLAWAHA FL 32179	3.4 CITY-ST-ZIP	Ocklawaha, FL 31279
TITLE	D	4.1 TITLE	HE IS NO LONGER ☒ Change ☐ Addition
NAME	PAYNE, ROBERT F	4.2 NAME	WITH THE COMPANY
STREET ADDRESS	918 DOVE CREEK TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX 76092	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4-10-95 (Date) (407) 366-5118 (Daytime Phone #)

0338035 CP