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 11 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092569 (0)**

1. Corporation Name

COASTAL PAINTING AND WATERPROOFING, INC. OF CENT RAL FLORIDA

Principal Place of Business	Mailing Address
103 N MELLONVILLE AVE SANFORD FL 32772	103 N MELLONVILLE AVE SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**

3a. Date of Last Report:

2. Principal Place of Business		2a. Mailing Address	
21	544 N. Winter Park Dr	26	544 N. Winter Park Dr
Suite, Apt. #, etc. 22	Casselberry FL	Suite, Apt. #, etc. 27	Casselberry
City & State 23	Florida, Casselberry	City & State 28	Florida, Casselberry
Zip 24	32707	Zip 29	32707
Country 25	Seminole	Country 30	Seminole

4. FEI Number: 59-3245240 ☐ 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

9. Name and Address of Current Registered Agent

ROGERS, SHERMAN
103 N MELLONVILLE AVE
SANFORD FL 32772

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 544 N. Winter Park Dr

83

84 City: Casselberry **FL** 85 Zip Code: 32707

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ROGERS, SHERMAN	12 NAME	
STREET ADDRESS	103 N MELLONVILLE AVE	13 STREET ADDRESS	544 N. Winter Park Dr
CITY-ST-ZIP	SANFORD FL 32772	14 CITY-ST-ZIP	Casselberry FL 32707
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	

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: [signature] President 4-7-95 407-330-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000340 FP