FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000092569 (0)

COASTAL PAINTING AND WATERPROOFING, INC. OF CENT RAL FLORIDA



Principal Place	of Business	Mailing Address			E EGNINADO TAN SAINI DHAIL DOLLIN DOLLIN BANN NING NAEDI DILINE BRINA INDI	
544 N WINTER PARK DR CASSELBERRRY FL 32707 US 2. Principal Place of Business		544 N WINTER PARK DR CASSELBERRY FL 32707 US				
				3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 04/11/1995	
21		2a. Mailing Address	r in the second		4. FEI Number	Applied For
Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		59-3245240 Not Applicable	
Crty & State		27	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State	В		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	.— ₁ Ζφ	Country		8. This corporation has hability for in	ntangible tax under s. 199,032,
24	25 9. Name and Address of Curre	29 Booleaned Asset	30		Florida Statutes 📆 Yes	□No
	g. Name and Address of Corre	nt Registered Agent		г-:::	10. Name and Address of New Re	egistered Agent
DAACE	0.000004444		81	Name		
ROGERS, SHERMAN			82	Street Add	Iress (P.O. Box Number is Not Acceptable	ei
544 N WINTER PARK DR Casselberry FL 32707			-	·		
CHOOSEL	DENRT FL 32/0/		83			
			84	City		■ 85 Zip Code
11. Pursuant to	the provisions of Sections 607 060	2 and 607 1509 ftm d- 0-4				}^L
or registere	ed agent, or both, in the State of Flor	z and 607, 1508, Florida Statut ida. Such change was authoriz	es, the above r red t√ the corp	iamed corpo Station's boa	ration submits this statement for the purp rid of directors. Thereby accept the appoi	ose of changing its registered office
	1, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	S		and or directors in receipt access the appoint	nument as registered agent I am
SIGNATURE	agnature. By aid or printes manife of registered age.	and a second second second				
12.		ID DIRECTORS	He Ruj vered Age	Sugrationer response		DATE
Tille	D	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	ROGERS, SHERMAN		12 NAME			Change Addition
STREET ADDRESS	544 N WINTER PARK DR		1.3 STREET ADDRESS			
CHTY-ST-ZIP	CASSELBERRY FL					
TITLE		1 4 CITY - SI 2 1 Title	-7IP			
NAME		2.2 NAME			Change Maddition	
STREET ADDRESS				1000000		
C!TY-ST-ZIP			2.3 STREET			
TITLE		2 4 C/TY - ST 3 1 1/1/(ZIF	···		
NAME		DELETE	3.2 NAME			Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34 CITY - ST			
TiTLE		DELETE	4 1 TIFLE	£ 17		Change Fil date
NAME			4.2 NAME			Change Addition
STREET ADORESS			4.3 STREET A	IDOBESS		!
CITY - ST - ZIP			4.4 CITY - ST			[
TITLE		☐ DELFTE	5 1 TITLE	E.17		Change Addition
NAME		_	5.2 NAME			Change Addition
STREET ADDRESS			5 3 STREET A	DORESS		
CITY - ST - ZIP			5 4 CITY - SI			
Title		DELETE	6 1 TITLE	411		Change C Addition
NAME			6.2 NAME			Change Addition
STREET ADDRESS			6.3 STREET A	Minesce		
CITY - ST - ZIP			64 DITY ST	710		
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furni	■ 640/TY-ST- shed and does	not qualify to	or the exemption stated in Section 119.07	Guld: Floods Statutes 11 die

certify that the information indicated on this annual report or supplemental annual report is true and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further oath, that I am an officer or director of the corporation or the recenter trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 407-695-8917

CR2E034 (12/95)