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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000015227 (8) **DOCUMENT #** 1. Corporation Name HOLLAND SANDBLASTING AND COATING, INC. Mating Address Principal Place of Business 11075 BLASIUS ROAD 11075 BLASIUS ROAD JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 2a. Mailing Address 2. Principal Place of Business



3. Date Incorporated or Qualified 02/23/1995

3a. Date of Last Report

Applied For

2. Principal Place of Business		2a. Mailing Address			4. FEI NUTIDEI	<i>a</i> –	Applied For
1		26			65-056127	9	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.`	.75 Additional ee Required	
City & State City & State				6. Election Campaign Financing	\$5	.00 May Be	
28					Trust Fund Contribution	☐ Ad	ded to Fees
Zip	Country Zip		Cou	ntry	8. This corporation has liability for intangible tax under s 199.032,		
25 - 29 30				Florida Statutes 🔀 Yes 🗌 No			
<b>-</b>	g. Name and Address of Curren	_ l _ l		10. Name and Address of New Registered Agent			
				81 Name	olloH. a suive	ba	
				81 Name Jeanine D. Holland 82 Street Address IP.O. Box Number is Not Acceptable)			
AMERILAWYER				9438 Benucleer Terrace			
343 ALMERIA AVE.				B3 JACKSONVIlle			
CORAL GABLES FL 33134				84 City	LSOPVIIIE	85	Zip Code
						┡┖╎│	3222
11 Pursuant to	o the provisions of Sections 607.0502	and 607,1508, Florida	Statutes, the abo	ive-named corpo	ration submits this statement for the part of directors. Thereby accept the ap	urpose of changing	its registered office
or registere	ed agent, or both, in the State of Florid	da. Such change was au <sub>'na</sub> 607 <b>1-308 F</b> ionda St	THE PART OF THE P	oci Profession Lo cross			3-03 agont ram
	n, and accept the obligation of extra	w V Soft	T. Son	SANLINE	D. Holland Prus. L	1-1-46	
SIGNATURE ,	Signar has typen or printed hanc of regularised equal	and tids, it applicable	(NOTE: FLI) stere:	Agine signat ire recurs			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF		nge Addition
TITLE	P DELETE		E 117	ILE		Char	ilde 🗀 vanition 🔁
NAME	HOLLAND, JEANINE D		12 N	AME			\ <u>\</u>
STREET ADDRESS	11075 BLASIUS ROAD		138	TREET ADDRESS			<u>  ਜ</u>
CITY-ST-ZIP	JACKSONVILLE FL 32226		1,4 0	ITY-S1-ZIP			CTORS IN 12  nge
TITLE	DELETE		[€ 2.11	TITLE		☐ Cha	inge 🗌 Addition
NAME			22 N	IAME			
STREET ADDRESS			238	TREET ADDRESS			
CITY-ST-ZIP			240	ITY - ST - ZIF			FT 44400-
TITLE	☐ DELETE		TÉ 3 1	TITLE		☐ Cha	ange 🗌 Addition
NAME			321	JAME J			
STREET ADDRESS	•		3.3	STHEFT ADDRESS			
CITY-ST-ZIP			34(	OTY-SE-ZIP			- Addition
TITLE		DELE	TE 4. 1	TITLE		Cha	ange
NAME			421	NAME			
STREET ADDRESS			433	STREET ADDRESS			
CHTY-ST-ZP			4.4	CHY-ST-ZIP			TT Addiso
TITLE		DELE	TE 5.1	TITLE		□ Cha	ange 🗌 Addition
NAME			52	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			}
CITY-ST-ZIP			54	C(TY - ST - ZIP			Addition
TITLE	<del></del>	☐ DELF	TE 6 1	TITLE		[] Ch:	lange 🗍 Addition
NAME			6.2	NAME			
STREET AD DRESS			63	STREET ADDRESS			1
CiTY-ST-ZiP			6.4	CITY SE-ZIP		10 07/0/42 Finda 9	Contract Library

14. If 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 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 certify 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 BASK 13 if changed, or on an attachment with an address.

SIGNATURE:

Sunne

1520-125-409