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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

P95000015227 (8)

HOLLAND SANDBLASTING AND COATING, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						s sonnen tie fåiði blitt heiti batti öttil be	I 17 17 18 18 19 19 19 19 19 19	1818 13811 1831 1831	
11075 BLASIUS ROAD 11075 BLASIUS ROAD									
j jacksonvil	LE FL 32226	JACKSONVILLE FL	JACKSONVILLE FL 32226			DO NOT WRITE IN THIS SPACE			
ĺ					ĺ	3. Date Incorporated or Qualified			
			·	· · · · · · · · · · · · · · · · · · ·		02/23/1995	· · · · · · · · · · · · · · · · · · ·		
	tace of Business	2a. Mailing Address				4. FEI Number	Ĺ	Applied For	
21 Suite, Apt.	# ata	Suite Ant # etc	Suite, Apt. #, etc.			65-0561279	60.	Not Applicable	
22		27	27			5. Certificate of Status Desired	us Desired See Required Fee Required		
City & State	9	City & State	— ·			6. Election Campaign Financing \$5.00 May Be			
23	Country	28	Žip Country			Trust Fund Contribution			
Zip 24	Country 25	Zip	30	illy		 This corporation owes or has paid the Personal Property Tax due June 30. 	current yea	ar Intangible	
241	9. Name and Address of Curr		[30]			10. Name and Address of New Registe			
.16	ANINE D. HOLLAND		•	81 Nam	16				
	11 BEAULCERC CIRCLE EAST	•		82 Stree	-	o (D.O. Day Number in Not Accordable)			
JACKSONVILLE FL 32257			į	83 Stree	et Addres	ess (P.O. Box Number is Not Acceptable)			
]						
				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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS	(NOTE: Registered	Agent signat	ture required	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
TITLE	P	DELETE		LE	<u> </u>	ADDITIONAÇO INTALES TO STITIOLITO	Cha		
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STREET ADDRESS				reet address	s				
CITY-ST-ZIP				Y-ST-ZIP	~				
	certify that the information supplied	with this filing does not qual			ated in Se	ection 119.07(3)(i), Florida Statutes, I furthe	er certify tha	t 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.

2/25/08 1-904-751-0571