

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024953

1. Corporation Name

ProCoat Technologies, Inc.

Principal Place of Business

Mailing Address

1280 N. Church Avenue
Mulberry, FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/27/95

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3308028

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Gary S. Claville
6757 Trailridge Drive
Lakeland, FL 33801

10. Name and Address of New Registered Agent

81 Name Donald R. Luckie

82 Street Address (P.O. Box Number is Not Acceptable)

83 1280 N. Church Avenue

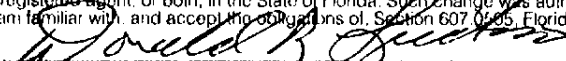
84 City Mulberry

FL

85 Zip Code
33860

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



Donald R. Luckie

9-18-98

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME Gary S. Claville ☒ DELETE
STREET ADDRESS 6757 Trailridge Drive
CITY-STATE-ZIP Lakeland, FL 33801

TITLE
NAME Doria M. Biller ☒ DELETE
STREET ADDRESS 1870 Valencia Drive
CITY-STATE-ZIP Bartow, FL 33830

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Donald R. Luckie
1.3 STREET ADDRESS 1280 N. Church Avenue
1.4 CITY-STATE-ZIP Mulberry, FL 33860

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Marianne T. Luckie
2.3 STREET ADDRESS 1280 N. Church Avenue
2.4 CITY-STATE-ZIP Mulberry, FL 33860

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

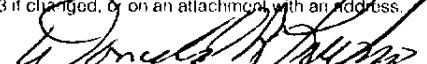
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing 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:



Donald R. Luckie 9/18/98 (941) 425-1770

CR2E034 (5/98)