

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057922 (3)
1. Corporation Name

DUVAL SEALCOAT & REPAIR, INC.

Principal Place of Business Mailing Address

8718 Emerald Isle Cir. S. 8718 Emerald Isle Cir. S.
Jacksonville, FL. Jacksonville, FL.
32216 32216

3. Date Incorporated or Qualified 07/24/95
3a. Date of Last Report 06/27/1996

2. Principal Place of Business	2a. Mailing Address
21 2023 Ronald Lane	26 2023 Ronald Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville, FL.	28 Jacksonville, FL.
Zip	Zip
24 32216	29 32216
Country	Country
25 U.S.A.	30 U.S.A.

4. FEI Number 59-3380804
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

10. Name and Address of New Registered Agent

Samples, Barry F.
8718 Emerald Isle Cir. S.
Jacksonville, FL. 32216

81 Name	Samples, Barry F.
82 Street Address (P.O. Box Number is Not Acceptable)	2023 Ronald Lane
83	
84 City	Jacksonville, FL
85 Zip Code	32216

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: Barry F. Samples (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samples, Barry F.	1.2 NAME	Samples, Barry F.
STREET ADDRESS	8718 Emerald Isle Cir. S.	1.3 STREET ADDRESS	2023 Ronald Lane
CITY-ST-ZIP	Jacksonville, FL. 32216 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Jacksonville, FL. 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	DVS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samples, V. Lee	2.2 NAME	Samples, V. Lee
STREET ADDRESS	8718 Emerald Isle Cir. S.	2.3 STREET ADDRESS	2023 Ronald Lane
CITY-ST-ZIP	Jacksonville, FL. 32216 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Jacksonville, FL. 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002158242
STREET ADDRESS		6.3 STREET ADDRESS	-04/29/97--01054--047
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

14. I do 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 as an attachment with an address.

SIGNATURE: Barry F. Samples Barry F. Samples, Pres. 3/24/97 (904)
Date Daytime Phone 726-0170

CR2E034 (9/96)