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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000058394 (4)

ARMSTRONG & ASSOCIATES INDUSTRIAL COATINGS, INC.

Principal Place of Business Mailing Address				I CONTRANT AND SOURT BREAK BREAK BROAK	DI MULAN KANDA KUNIA LEMPE ABAR MANU
		23755 LAKEHILLS DRIVE			
LUTZ FL 33549		LUTZ FL 33549		DO NOT WRITE IN T	THIS SPACE
ļ				3. Date Incorporated or Qualified	THO OF NOE
				07/27/1995	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-3329314	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible  Yes No
24	g. Name and Address of Curre		1301	10. Name and Address of New Register	
ADI	MSTRONG, RICHARD		81 Name		
23755 LAKEHILLS DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
LUTZ FL 33549			62 Street A	ddiess (P.O. Box Number is Not Acceptable)	
	12 12 333 13		83		
			84 City		85 Zip Code
and the second			'		FL   ` !
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered ag	pent and title if applicable (NOT ND DIRECTORS	F Registered Ager I signature re	ADDITIONS/CHANGES TO OFFICERS	
12.	DP OFFICERS AF	DELETE	13. 11 THTLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ARMSTRONG, RICHARD		1.2 NAME		
STREET ADDRESS	23755 LAKEHILLS DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 1ITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Drinte	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		j
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	* * * * * * * * * * * * * * * * * * * *	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
HILE			D. J. HILE		The change The whole out

6.3 STREET ADDRESS

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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in