

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067202 (8)

1. Corporation Name

JOHN MOCK WATERPROOFING & COATINGS, INC.



Principal Place of Business

11631 EVERGREEN STREET
FOUNTAIN FL 32438

Mailing Address

11631 EVERGREEN STREET
FOUNTAIN FL 32438

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 11631 Evergreen St

26 11631 Evergreen St

4. F.E.I. Number

59-3350512

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



No

22 City & State

23 Fountain Fla

24 32438

25 BAY

27 City & State

28 Fountain Fla

29 32438

30 BAY

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

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 agent and the corporation

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME MOCK, JOHN W
STREET ADDRESS 11631 EVERGREEN STREET
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE VSD ☐ DELETE

NAME MOCK, EMILIA W
STREET ADDRESS 11631 EVERGREEN STREET
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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 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:

John William Mock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 96

904-722-0554

(Typed Name)

CR2E034 (12/95)