

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068444 (5)

1. Corporation Name

BOOKOUT'S SPECIAL COATINGS, INC.



Principal Place of Business

Mailing Address

3728 YARDARM DR.
TAMPA FL 33611

3728 YARDARM DR.
TAMPA FL 33611

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMSON, JOHN A ESQ.
401 E. KENNEDY BLVD.
TAMPA FL 33602

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

Larry D. Bookout

(NOTE: Registered Agent's signature required when reappointing)

6-22-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPSV
BOOKOUT, LARRY D
3728 YARDARM DR.
TAMPA FL 33611

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BOOKOUT, LARRY D
3728 YARDARM DR.
TAMPA FL 33611

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY - ST - ZIP

Change Addition

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY - ST - ZIP

Change Addition

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY - ST - ZIP

Change Addition

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY - ST - ZIP

Change Addition

111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY - ST - ZIP

Change Addition

121 TITLE
122 NAME
123 STREET ADDRESS
124 CITY - ST - ZIP

Change Addition

131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY - ST - ZIP

Change Addition

141 TITLE
142 NAME
143 STREET ADDRESS
144 CITY - ST - ZIP

Change Addition

151 TITLE
152 NAME
153 STREET ADDRESS
154 CITY - ST - ZIP

Change Addition

161 TITLE
162 NAME
163 STREET ADDRESS
164 CITY - ST - ZIP

Change Addition

171 TITLE
172 NAME
173 STREET ADDRESS
174 CITY - ST - ZIP

Change Addition

181 TITLE
182 NAME
183 STREET ADDRESS
184 CITY - ST - ZIP

Change Addition

191 TITLE
192 NAME
193 STREET ADDRESS
194 CITY - ST - ZIP

Change Addition

201 TITLE
202 NAME
203 STREET ADDRESS
204 CITY - ST - ZIP

Change Addition

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 119.0(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry D. Bookout* Larry D. Bookout 6-22-96 813-839-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Signature: Phone #

CR2E034 (3/96)