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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077993 (0)

1. Corporation Name
ARCHITECTURAL CONCRETE COATINGS, INC.



Principal Place of Business
3077 S.E. DIXIE HIGHWAY
STUART FL 34997

Mailing Address
3077 S.E. DIXIE HIGHWAY
STUART FL 34997-5041

3. Date Incorporated or Qualified 10/11/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0631623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent GRIBBEN, EDWARD W 3077 SOUTHEAST DIXIE HIGHWAY STUART FL 34997	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DAVID D MORELLI	12. NAME	
STREET ADDRESS	2015 SE FRANCISCAN	13. STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE FL	14. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VP	21. TITLE	
NAME	EDWARD W GRIBBEN	22. NAME	
STREET ADDRESS	701 SW PINE TREE LANE	23. STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY FL	24. CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	S	31. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LAVONNE K GRIBBEN	32. NAME	
STREET ADDRESS	701 SW PINE TREE LANE	33. STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY FL	34. CITY-STATE-ZIP	
TITLE	T	41. TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	JANET MORELLI	42. NAME	JANET MORELLI
STREET ADDRESS	2015 SE FRANCISCAN	43. STREET ADDRESS	same
CITY-STATE-ZIP	PORT ST. LUCIE FL	44. CITY-STATE-ZIP	
TITLE		51. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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 on an attachment with an address.

SIGNATURE: Lavonne K. Gribben, Sec. Lavonne K. Gribben 2-26-97 561-288-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)