| F COR ANNU | PROFIT PORATION IAL REPORT 1998 | FLOR | FTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | Apr 06 1998 8:00ar Secretary of State | | |
|--|---|---|--|---|---|--|--|
| PRIDE Principal Place | COATINGS & WATERF e of Business ANGE BLOSSOM TRAIL | DOOO 1956 PROOFING, INC. Mailing Addre 4821 NO. OF ORLANDO FL | SS | | | TE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | ····· | | 02/29/1996 | | |
| 2. Principal Pia | ace of Business | 26. Mailing Ad | dress | | 4. FEI Number | | Applied For Not Applicat |
| Suite, Apt. # | ¥, etc. | Suite, Apt | #, etc. | | 59-3350330 | \$8.7 | 5 Additional |
| 2 | | 27 | | | 5. Certificate of Status Desired | | Required |
| City & State | , | City & Stat | e | | 6. Election Campaign Financing Trust Fund Contribution | | 0 May Be ad to Fees |
| Zip | Country | Zip | | Country | 8. This corporation owes or has p | · | Intangible |
| 4 | 25 9. Name and Address of C | 29 | | 30 | Personal Property Tax due Jun 10. Name and Address of New R | | |
| 01 | SEN, JAMES | Surrent Hegisteret Agen | <u> </u> | 81 Name | IQ, Name and Address of New H | Inglatered Agent | |
| | 21 NO. ORANGE BLOSSO LANDO FL 32810 | M TRAIL | | | iress (P.O. Box Number is Not Accepta | able) | |
| Vn | | | | 83 | | | |
| | o the provisions of Sections 60 g iste red agent, or both, in the | 07.0502 and 607.1508. Filo 9 State of Florida, Such ch | orida Statute | 84 City | poration submits this statement for the | | ip Code g its registered as registered |
| 11. Pursuant to office or re agent I an SIGNATURE | o the provisions of Sections 60 gistered agent, or both, in the n famil iar with, and accept the Signature, typed or printed name of registr | | | 84 City | poration submits this statement for the tion's board of directors. I hereby acco ired when reinstating) | | |
| Pursuant to office or reagent 1 an SIGNATURE <u>5</u> 12. | Signature, typed or printed name of registr OFFICEF | ered agent and tille if applicable | (NOTE | 84 City ss, the above-named cor- uthorized by the corpora rida Statutes. Registered Agent signature requi | | Purpose of changin ept the appointment DATE ICERS AND DIRECT | g its registere as registered ORS IN 12 |
| 11. Pursuant to office or re agent 1 an SIGNATURE 12. THLE NAME STREET ADDRESS | PD OFFICEF OLSEN, JAMES 4821 NO. ORANGE BLO | ered agent and the it applicable | | 84 City ss, the above-named corruthorized by the corporative statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ired when reinstating) | Purpose of changin ept the appointment | g its registere as registered ORS IN 12 |
| 11. Pursuant to office or re agent 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed hanie at registr OFFICEF PD OLSEN, JAMES | | (NOTE | 84 City ss, the above-named cor- luthorized by the corpora- rida Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME | ired when reinstating) | Purpose of changin ept the appointment DATE ICERS AND DIRECT | g its register as registere ORS IN 12 e Addit |
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