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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030979

1. Corporation Name

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90008 013 ***150.00

ENVIRU	MENTAL PROTECTIV	E COATING	is, INC.			•	•					
Principal Place	e of Business	Ma	ailing Address					å lådtildet tra (dina dittil dætti e		CHEST MASSIA SALES)##1# 1#11 (##1	
10902 WINGED FOOT TER. P.O. BOX 20937												
BRADENTON FL 34202 BRADENTON FL 34203								DO NOT WRI	TE IN THIS	SPACE		
							H	3. Date Incorporated or Qualifed				1
								04/04/1996				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ap	ptied For]
21			26					59-3371186		No	t Applicable]
7901 209th Street East			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22 Bradent	ton, Florida 34202 📜	27			-					Fee Re		┨、
- 	<u></u>		City & State					e. Election Campaign Financing		\$5:00		1
23		28	7:-		ountry		-	Trust Fund Contribution		Added 1	o Fees	1
Zip	Country	<u></u>	Zip	30	ountry			This corporation owes the cur- Personal Property Tax.	rent year int	angible □ Yes	□No	
24	9. Name and Address of	Current Regis	tored Agent	[30]		•		10. Name and Address of New	Registered .			1
	3. Name and Address of	Current Regia	norou Agent		81	Name		To Train and The State of the S	-			1
WES	STRICK, JOHN A JR											4
	2 WINGED FOOT TER.	•			82	Street A	Address	s (P.O. Box Number is Not Accept	able)			
	DENTON FL 34202				83			· · · · · · · · · · · · · · · · · · ·				1
								,		11.6		4
					84	City			FL	85 Zip (Code	1
	to the servicions of Castlena 6	07 0502 and 6	07 4500 Fladda 04		above		comora	tion submits this statement for the	numose of	changing its	registered	1
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CITY-ST-ZIP 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 colporation 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, with all other like empowered.

SIGNATURE: