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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600056005 (7)

SEALCOAT SYSTEMS, INC.

## FILED Apr 24 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 8108 NW 74TH AVE BIOS NW 74TH AVE TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0673278 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Country Zlp X Yes ☐ No Personal Property Tax due June 30. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOUGLASS, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 8108 NW 74TH AVE TAMARAC FL 33321 83 14 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the abve-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 Stattes. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable (NOTE RegistereAgent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TIE Change Addition TITLE DOUGLASS, BRADLEY NAME 1.3 SEET ADDRESS 8108 N.W. 74TH AVE STREET ADDRESS 1.4 C'-ST-ZIP TAMARAC FL CITY-ST-ZIP DELETE 2 1 TF Change Addition TITLE 22 NE NAME 2.3 SET ADDRESS STREET ADDRESS 2 4 ff - ST - 7IP CITY-ST-ZIP DELETE 3.1 75 Change Addition TITLE 3.2 NF NAME 3.3 SET ADDRESS STREET ADDRESS CITY - ST-ZIP DELETE Change Addition TITLE 4 2 AF 4.3 SET ADDRESS STREET ADDRESS 4.4 (-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.17 TOLE 5.2 lb NAME 5.3 SET ADDRESS STREET ADDRESS 5.4 - ST - ZIP CITY-ST-ZIP DELETE Change Addition 613 6.2 E NAME 6.3 ET ADDRESS STREET ADDRESS 14. Thereby certify that the information supplied with this filling does not qualify for the exption 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 a hat 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 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. ST - 2(P

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