

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000071661 (8)

1. Corporation Name

DURA-COAT CORPORATION

Principal Place of Business

Mailing Address

409 TIMBERCOVE CIRCLE  
LONGWOOD FL 32779

409 TIMBERCOVE CIRCLE  
LONGWOOD FL 32779-2526



3. Date Incorporated or Qualified

08/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 1721 Benbow Ct. Ste. A

2a. Mailing Address

26 1721 Benbow Ct. Ste. A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Apopka, Fl.

27

City & State

28 Apopka, Fl.

Zip

24 32703

Country

25 usa

Zip

29 32703

Country

30 usa

4. FEI Number

59-3397832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FOREMAN, JACK  
409 TIMBERCOVE CIRCLE  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FOREMAN, JACK  
STREET ADDRESS 409 TIMBERCOVE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME FOREMAN, SUSAN J  
STREET ADDRESS 409 TIMBERCOVE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☒ DELETE

NAME GIBSON, DALE  
STREET ADDRESS 2203 HAAS RD.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

407-  
4-18-97 814-0602

CR2E034 (9/96)