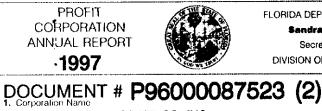
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Moi ham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State

.1997

appears in Block 12 or Bloc

SIGNATURE:

DIVISION OF CORPORATIONS

-ARMADIL Harringto	to arma coatings, inc.	NC	NC 12/13/96			
Principal Place of Business 7381 114TH AVE N. UNIT 402A LARGO FL 33772		Mailing Address 7381 114TH AVE N. UNIT 402A LARGO FL 33773-5106				
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996
2. Principal P	ace of Business	2a. Mailin	g Address			4. FEI Number Applied For
21		26		·		59.330) 7 8') Not Applicable
Suite, Apt	#, etc	Suite,	Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	0		State		1 1	8. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Countr	У	This corporation has liability for intangible tax under s. 199.032,
24	25	29		30		Florida Statutes Yes No
	9. Name and Address of Curren	t Registered /	Agent			10. Name and Address of New Registered Agent
	IAELS, THOMAS O			81	Name	1
1370 PINEHURST RD				82	Street Add	dress (P.O. Box Number is Not Acceptable)
DUN	EDIN FL 34698			-		
i	•			8:	5	
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statu	ites, the abo	ve-named co	rporation submits this statement for the purpose of changing its registered
office or r agent. La	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida Suc ations of, Secti	ch change was ion 607.0505, F	authorized t Iorida Statute	by the corporate.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						wired when reinslating) DATE
10	Signature, typed or printed name of registered age OFFICERS ANI			13.	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	PSTD OF ICERS AND	DIRECTORS	DELETE	1.1 TITLE	Т	Change Addition
NAME	HARRISON, GEORGE H JR			1.2 NAME		
STREET ADDRESS	855 CYPRESS LAKEVIEW CT				ET ADORESS	
	TARPON SPRINGS FL 34689			1.4 CITY-		
CITY ST 7/P TOTE			DELETE	2.1 TeTLE		Change Addition
NAME				2.2 NAM		
STREET ADDRESS				2.3 STRE	ET ADDRESS	
CITY - ST - ZIP				2. 4 CITY	7	
TITLE		,	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAMI	: 1	
STREET ADDRESS				3.3 STRE	ET ADDRESS	
C(1Y - S1 - Z)P				3.4. CITY	-ST-ZIP	
TITLE			DELETE	4.1 TETLE		☐ Change ☐ Addition
NAME				4. 2 NAM	E	
STREET ADDRESS				4.3 STRE	ET ADDRESS	
CITY-ST ZIP				4.4 CITY	- ST - ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
MAME				5.2 NAM	E	(_),
STREET ADDRESS				5.3 STAE	ET ADDRESS	4M/\
CHY-ST-ZIP				54 City	- ST-ZIP	
TITLE			☐ DELETE	6.1 TITLE	•	1000021699\$\fange \textsquare Addition -05/07/9701093058
NAME				6.2 NAM	E	-05/07/9701093058
STREET ADDRESS				63 STRE	ET ADDRESS	***165.00

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