

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088582 (7)

1. Corporation Name
SURFACE PRESERVATION, INC.

Principal Place of Business
1605 MAIN STREET STE 012
SARASOTA FL 34236

Mailing Address
1605 MAIN STREET STE 012
SARASOTA FL 34236-5852



3. Date Incorporated or Qualified
10/28/1996

3a. Date of Last Report

2. Principal Place of Business
21 4889 Brigitta DR
22 Suite, Apt. #, etc.

23 City & State
Sarasota, FL

24 Zip
34241

25 Country
Sarasota

26 Mailing Address
27 4889 Brigitta DR
28 Suite, Apt. #, etc.

29 City & State
Sarasota, FL

30 Zip
34241

31 Country
Sarasota

4. FEI Number
APPLIED FOR

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

SCOVILL, H W
1605 MAIN STREET STE 012
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, MARCIA G
4889 BRIGITTA DR
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, MICHAEL R
4889 BRIGITTA DR
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, RONALD W
4889 BRIGITTA DR
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, RONALD W
4889 BRIGITTA DR
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, RONALD W
4889 BRIGITTA DR
SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, RONALD W
4889 BRIGITTA DR
SARASOTA FL 34241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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, on an Attachment with an address.

SIGNATURE:

Michael R. Lewis

4/21/97

Date

941-924-2189

Daytime Phone #

CR2E034 (9/96)