FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 28 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 # P96000091454

1. Corporation Name
Orange State Mechanical & Protective Coatings, Inc.

Principal Place of Business	Mailing Address
Route 7 Box 423 Highway 90 East	P.O. Box 2062

3. Date Incorporated or Qualified: November 4, 1996 | 3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake City, FL.	City & State 28 Lake City, FL.
Zip 24 32055 / Country 25 Columbia	Zip 29 32056 / Country 30 Columbia

4. FEI Number: 59-3412739 ☐ 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	10. Name and Address of New Registered Agent
Donald N. Bryan,Sr. ~~P.O. Box 612~~ Route 12 Box 112 Lake City, Fl. 32056 ~~Old Country Club Road,~~	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: Donald N Bryan Sr. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) April 21, 1997 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE President Donald N. Bryan,Sr. Old Country Club Rd.Rt.12Box 112 Lake City, Fl. 32025	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition Vice President Donald N. Bryan,Jr. County Road 25A White Springs, Fl. 32096
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Sec./Trea. Christine R. Bryan Old Country Club Rd. Lake City, Fl. 32025	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 400002204904 -06/06/97--01126--005 ***173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition PE 5.28

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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: Donald N Bryan Sr. Donald N. Bryan, Sr. 5-5-97 904-961-8060
(TYPED OR PRINTED NAME OF PERSON SIGNING) (OFFICER OR DIRECTOR)