

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 12 1997 8:00am  
Secretary of State

DOCUMENT # **P96000097571 (9)**

1. Corporation Name  
**GATOR ARMA COATINGS, INC.**



Principal Place of Business  
**815 W BOYNTON BEACH BLVD.  
NO. 9-106  
BOYNTON BEACH FL 33426**

Mailing Address  
**815 W BOYNTON BEACH BLVD.  
NO. 9-106  
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **635 GATOR DRIVE**

2a. Mailing Address  
26 **635 GATOR DRIVE**

3. Date Incorporated or Qualified  
**11/25/1996**

3a. Date of Last Report

Suite, Apt. #, etc.

22 **# H**

Suite, Apt. #, etc.

27 **# H**

4. FEI Number

**65-0713378**

Applied For

Not Applicable

City & State  
23 **LANTANA FL**

City & State  
28 **LANTANA FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **33462**

Country

25 **PAIM BEACH**

Zip

29 **33462**

Country

30 **PAIM BEACH**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NEWMAN, EDWARD L  
815 W BOYNTON BEACH BLVD.  
NO. 9-106  
BOYNTON BEACH FL 33426**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
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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 **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **EDWARD L. NEWMAN**  
1.3 STREET ADDRESS **815 W BOYNTON BEACH BV #9-106**  
1.4 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **JAMES A. ELLIS**  
2.3 STREET ADDRESS **838 ROSARY LANE**  
2.4 CITY-ST-ZIP **WEST CHESTER PA 19382**

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: *Edward L. Newman* (PRESIDENT)

08-08-97 (561) 737-2792

CR2E034 (4/97)