PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029892

K & A QUALITY COATINGS, INC.

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90010 024 ***550.00



Principal Plac	e of Business	Mailing Address	Mailing Address				II 20111 02110 1				
1591 LANE AVE	ENUE SOUTH #32C	1591 LANE AVENUE SOUTH	1591 LANE AVENUE SOUTH #32C								
JACKSONVILLE	FL 32210	JACKSONVILLE FL 32210	JACKSONVILLE FL 32210			DO NOT WRITE IN THIS SPACE					
}			-	3. Date Incorporated or Qualified				٦			
						·					
0 0-1110	No. of Dusiness	2 Marillan Address				04/02/1997 4. FEI Number		$\overline{}$	Applied For	\dashv	
─ →	tace of Business 3013SuttonPIC	2a. Mailing Address	ند. ،>	1 - Or -	\sim				Not Applicable	\dashv	
21 210		Suite, Apt. #, etc.	2 55	100 PLA	<u> </u>	59-3245581			Additional	-	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required		
22 City 8 C4-4			City & State							┨	
City & Stat	and Oright Fo					Trust Fund Contribution		\$5.00 May Be Added to Fees			
23 DYOL	Country	28 5 Vange 1	Cou	nto/	-		nt voor		0 10 1 003	┨	
口ばっか	72 1 010	— — — — — — — — — — — — — — — — — — —	هَا ۗ كُلُّ), π /α		This corporation owes the curre Intangible Personal Property.	iii yeai	Yes	ΠNo		
24 5 00	9 Name and Address of Curre		0 ~	<u> </u>	-•	10. Name and Address of New Re	egistered A			1	
9. Name and Address of Current Registered Agent 81 Name 82 Name											
KNE	HR, WILLIAM M										
1591 LANE AVENUE SOUTH #32C					Address	ddress (P.O. Box Number is Not Acceptable)					
1	KSONVILLE FL 32210		8:								
)	NOOTHIELE I E GEE IS			03							
` ·				84 City				85 Zi	p Code	1	
							<u>- FL</u>			4-	
11. Pursuant	t to the provisions of sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statutes,	the abo	ove-named c	corporation's	on submits this statement for the pure s board of directors. I hereby accept	rpose of cha the appoin	nging its tment as	registered registered		
agent. I	ary familiar with, and accept the obli	gations of, section 607.0505, Florid	da Stat	utes.	,	. /			-	-	
SIGNATURE	1									1	
	Signature, typed or printed name of registered ag		_	red Agent signatu	ure required	when reinstating)	DATE			<u>ا</u> ۋ	
12.		ND DIRECTORS	13.	-	-0-	ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	- {	
TITLE	P	☐ DELETE	1.1 717		5	ena william	∞ .	Change Change	e L Addition		
NAME	KNEHR, WILLIAM M		1.2 NA		l'`≥'`	03 Old Sutto	n Pici	OR		8	
STREET ADDRESS	1591 LANE AVENUE SOUTH	#32C	1.3 ST	REET ADDRESS	91	entiusilliami		L 7	7612	}	
CITY-ST-ZIP	JACKSONVILLE FL 32210		_	Y-ST-ZIP	OV.	ange rang r	JOKIC	<u> </u>		վ է	
TIRE		L_ DELETE	2.1 TIT	LE		0	L	Change	e Addition		
NAME			2.2 NA	ME						ĺ	
STREET ADDRESS			2.3 STF	REET ADDRESS							
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP			_			.]	
TITLE		DELETÉ	3.1 TIT	LE				Change	Addition		
NAME			3.2 NA	ME						Ì	
STREET ADDRESS			3.3 ST	REET ADDRESS							
CITY-ST-ZIP			3.4 CIT	ry-st-zip							
TITLE		DELETE	4,1 TIT	LE				Change	Addition		
NAME		_	4.2 NA	ME							
STREET ADDRESS			4.3 STI	REET ADDRESS							
CITY-ST-ŽIP			4.4 CIT	Y-ST-ZIP							
TITLE		DELETE	5.1 TIT				Γ	Change	Addition	1	
NAME			5.2 NA	ME			_				
STREET ADDRESS				REET ADDRESS							
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			6.2 NA				Ļ	Unange	, Addition	1	
NAME STREET ADDRESS				ME REET ADDRESS							
STREET ADDRESS					1						
CITY-ST-ZIP	ertify that the information supplied wit	th this filling does not qualify for the		Y-ST-ZIP	n section	119 07/3)(i) Florida Statutos I furbi	er certify th	at the inf	ormation	1	
i+. I nereby ce	stury triat trie information supplied wi	or one ming does not quality for the	evenib	นบก รเสเยบ เก	i secuon	Training the series legal offert as if n	on continy th	action in	t Lam	1	

I hereby certify that the information application indicated on this annual report or supplemental annual report is true and an officer or director of the corporation or the receiver or trustee empowered to execute this re in Block 12 or Block 13 if changed, or on an attachment with an address. empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears