FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business

CIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

1-10-58

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031784 (6)

FREDA FLOOR COATINGS, INC.

110 MANGO COURT 110 MANGO COURT DAVENPORT FL 33837 DAVENPORT FL 33837 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3437250 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKER, KYLE T 110 MANGO COURT Street Address (P.O. Box Number is Not Acceptable) DAVENPORT FL 33837 83 84 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 tografered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 33837 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-2(P CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 trusted 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 available with an address.