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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000060320 (3)

**DURABLE POWDER COATINGS, INC.** 

Principal Place of Business

Mailing Address

## FILED May 07 1998 8:00am Secretary of State



7609 DALE DRIVE PORT RICHEY FL 34668		7609 DALE DRIVE PORT RICHEY FL 34868		DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified 07/10/1997	IO OF ACE
21 6350	Place of Business PINE HILL Rd	2a. Mailing Address 26 6330 PINE	HILL Pol	4. FFI Number	Applied For Not Applicable
Suite, Apt.	TS 12	Suite, Apt. #, etc.  27 SUITE 17.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PORT	RICHEY, FL		EY, FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 346	68 25 PASCO	29 <b>34668</b> 3	Country  PASCO	<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	current year Intangible
	9, Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Registere	d Agent
VERMILYE, GRANT  7809 DALE DRIVE  PORT RICHEY FL 34868  81 Name GRANT VERMILYE  82 Street Address (P.O. Box Number is Not Acceptable)  63 30 PINE HILL RE					
à	•		83	NIT 12	
-	ď		84 City	BET RICHEY, F	L 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 GRANT VERMILYE PRESIDENT/DIRECTOR 2-15-98					
12.	Signature, typed or printed name of registered agen OF FICERS AND	and tille it applicable (NOTE:	Registered Agent signature		ND DIRECTORS IN 12
TITLE	OI FIGURE FILES	DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME			1.2 NAME	· •	
STREET ADDRESS			1.3 STREET ADDRESS	GRANT VERMILYE 6330 PINEHILL ED.	į
CITY-ST-ZIP		T NO. ETT	1.4 CITY - ST - ZIP	PORT RICHEY, FL, 3460	
TITLE		L. DELETE	2.1 TITLE		L Change L Addition
NAME CTOTES ADODESCO			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		*
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - 2IP 3.1 TITLE		Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		( DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		75
STREET ADDRESS			5.3 STREET ADDRESS		<b>C.7</b>
CITY-ST-ZIP		T Seizer	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	5000025181 05/11/98010220	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	U10
CITY-ST-ZIP	portific that the information countied with	to this files stope not qualify for	6.4 CITY-ST-ZIP		cartifu that the information
14. I 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 eath; 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 an altrachment with an address.					