

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90114 012 \*\*\*150.00

DOCUMENT # P97000091104

1. Corporation Name

COLOR-CURE POWDER COATING, INC.



Principal Place of Business

500 BARNES BLVD.  
ROCKLEDGE FL 32955

Mailing Address

500 BARNES BLVD.  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

59-3477131

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 500 BARNES BLVD

Suite, Apt. #, etc.

22

City & State

23 ROCKLEDGE FLA

Zip

24 32955 25 USA

Country

2a. Mailing Address

26 500 BARNES BLVD

Suite, Apt. #, etc.

27

City & State

28 ROCKLEDGE FLA

Zip

29 32955 30 USA

Country

9. Name and Address of Current Registered Agent

JONES, MICHAEL  
827 POINCIANA STREET  
ROCKLEDGE FL 32955

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 Michael Jones  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JONES, MICHAEL W  
STREET ADDRESS 1667 VAGABOND STREET  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 ☒ Change ☐ Addition

1.2 NAME ~~JONES, MICHAEL W~~  
1.3 STREET ADDRESS ~~1667 VAGABOND STREET~~  
1.4 CITY-ST-ZIP ~~COCOA FL 32922~~

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ~~JONES, MICHAEL W~~  
2.3 STREET ADDRESS ~~1667 VAGABOND STREET~~  
2.4 CITY-ST-ZIP ~~COCOA FL 32922~~

3.1 TITLE ☐ Change

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ~~JONES, MICHAEL W~~  
4.3 STREET ADDRESS ~~1667 VAGABOND STREET~~  
4.4 CITY-ST-ZIP ~~COCOA FL 32922~~

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 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, with all other like empowered.

SIGNATURE: Michael Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

407-631-5177  
Daytime Phone #

CR2E034 (11/98)

0116217