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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093519 (1)

ENVIRO-TECH BOTTOM PAINT CORP.

## FILED Apr 13 1998 8:00am Secretary of State

		OIII •				
Principal Place of Business		Mailing Address		( 106)  60  110  10   140   00    00    00		
1017-C SOUTHEAST 12TH AVENUE 1017-C SOUTHEAST 12		TH AVENUE				
CAPE CORAL FL 33990 CAPE CORAL FL 3399					DO NOT WRITE	E IN THIS SPACE
}					3. Date Incorporated or Qualified	1
					10/31/1997	
<b>├</b> ── `		2a. Mailing Address	ddross		4. FEI Number	Applied For
21		26			65-0791066	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· <sub>1</sub>		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be  Added to Fees
Zip Country		Zip	ip Country		8. This corporation owes or has pa	
24			30	Personal Property Tax due June 30. 🚨 Yes 🔲 No		
	9, Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Ro	egistered Agent
AMERILAWYER 343 ALMERIA AVENUE			81	Name		į
			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
CORAL GABLES FL 33134			83			
			63			
			84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Stati	utes, the above	e-named corp	oration submits this statement for the	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Horida, Such change was	authorized by	the corporati	oration submits this statement for the jon's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	The man that, and doos a to oong	1,0000,100 1101000 110 011010	TOTIOG STATE	•		
SIGNATURE	Signature, typied or printed name of registered ag	eni and title if applicable (NC	)][: Hegistered Age	ent signature require	ed when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TOLE	''		1.1 TALE			☐ Change ☐ Addition
NAME LANGEVIN, DONALD R		1.2 NAME				
STREET ADDRESS 1017-C SOUTHEAST 12TH AVENUE		VENUE	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	CAPE CORAL FL 33990 STD DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS 1017-C SOUTHEAST 12TH AVENU		VENUE	23 STREET	ADDRESS		
CITY-ST-ZIP CAPE CORAL FL 33990		*L****	2 4 CITY-ST-ZIP			
TITLE		DELETE	31 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS	REET ADDRESS		3 3 STHEE!	ADDRESS		
CITY-ST-ZIP	<del></del>		3 4. CITY -	ST-71P		
TITLE			41 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP  TITLE  DELETE		4.4 CITY - S	T-ZIP		Change Addition	
TITLE LI DELETE		5.1 THILE 5.2 NAME			El cuarde El vocitori	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
			1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			Change Addition
NAME		-	6,2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		6.4 CITY - S				
	ortifu that the information pupulied w	ith this files does not qualify			Section 110 07/3Vi) Florida Statutos I	further portify 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 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 pn an attachment with an address.

DONALD LANGEVIN

2/11/08 011 150 00

CR2E034 (10/9)