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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000027698			
1. Corporation Name FINISHLINE AUTOMOTIVE COATINGS, INC.			
Principal Place of Business POST OFFICE BOX 565948 ORLANDO FL 32855-5948		Mailing Address POST OFFICE BOX 565948 ORLANDO FL 32855-5948	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/25/1998	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FSI Number 59-3501556	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	9. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent SCHICK, DAVID L 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0506, Florida Statutes.			
SIGNATURE _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD BRINKLEY, ROBBIE	119 BUSINESS CIRCLE	THOMASVILLE GA 31792
	D BASS, WILLIAM K	940 LAKE GRACE DRIVE	EUSTIS FL 32726
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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)(f), 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 recorder 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

3/16/99

912-228-5600

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Finishline Automotive Coatings, Inc.
P.O. Box 555948
Orlando, Fl. 32855-5948

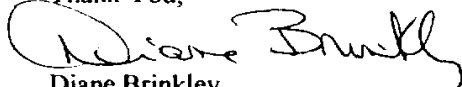
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

10-29-99

Attn: Andy Dunlap

Per our conversation, attached is a copy of the report that was filed with the correction requested. I have also attached a copy of the check. Please let me know if there is anything else I need to do. Thank you for your help.

Thank You,


Diane Brinkley