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

DOCUMENT # P98000097617 1. Corporation Name

VANGUARD VINYL COATINGS, INC.

Principal Place 1747 PENZANCE MIDDLEBURG F	PARKWAY	1	Mailing Address 1747 PENZANCE PARKWAY MIDDLEBURG FL 32068				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/09/1998	
2. Principal P	lace of Business		2a. Mailing Address				4 FEI Number Applied For	
			26				59-354503 6 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		2	27				5. Certificate of Status Desired Fee Required	
City & State			City-8 State				6. Election Campaign Financing S5:00 May Be Trust Fund Contribution Added to Fees	
Zip	Coun	itry	Zip	Coun	itry		8. This corporation owes the current year Intangible	
24	25	2:	9:	30			Personal Property Tax. Yes No	
	9. Name and Add	ress of Current Re	gistered Agent		81	Name	10. Name and Address of New Registered Agent	
JENSEN, ROY L 1747 PENZANCE PARKWAY MIDDLEBURG FL 32068					82 83 84	City Iss Zin Code		
					1	,	FL []	
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 acceptable obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeotor printed name of registered agent and title if applicable. (NOTE: gegistered Agent signature required when reinstaling) DATE								
12.	Signature, typed or printed ha	OPEICERS AND DI		13.	-gein	a signatore re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	V. Service Co.	☐ DELETE	1.1 TITL	.E		Change Addition	
NAME	–			1.2 NA	Æ			
STREET ADDRESS	The second secon			•	1.3 STREET ADDRESS		s	
					1.4 CITY-ST-ZIP			
TITLE	D STORIETE				21 TITLE 1		Change ☐ Addition	
NAME	SPIEGLE, ROBERT S			2.2 NAM	2.2 NAME		spiegle, melissa. 4101 saddle horn. TR middle burg, FL 32068	
STREET ADDRESS 1747 PENZANCE PARKWAY 2:				2.3 STF	2.3 STREET ADDRESS		s 4101 saddle horn. TR	
1				1	2. 4 CITY+ST-ZIP		middle buig, FL 32068	
_nne			☐ DELETE	3.1 TITE	_		Change Addition	
NAME				3.2 NA	ME.			
STREET ADDRESS				3.3 STF	REET	ADDRESS	s	
CITY ST 7ID				34 Cff	V-51	T-7IP		

6.4 CITY-ST-ZIP 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRIM

☐ DELETE

□ DELETE

☐ DELETE

May 06, 1999 8:00 am Secretary of State

05-06-1999 90022 047 ***158.75

Change

Change

Change

Addition

☐ Addition

☐ Addition