**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000097972**1. Corporation Name

POWDER COATINGS UNLIMITED, INCORPORATED

Principal Place of Business 4375 PROGRESS AVE., #403-410 NAPLES FL 34104

Mailing Address

4375 PROGRESS AVE., #403-410

NAPLES FL 34104

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90021 039 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/17/1998

2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap.	plied For	
21		26		·		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	d \$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28			Trust Fund Contribution			o rees
Zip <b>24</b>	Country 25	Zip Col. 30			8. This corporation owes the current year intangible Personal Property Tax.			No
9. Name and Address of Current Registered Agent					10. Name and Address of New F	legistered	Agent	
				Name	<del></del>			
FOLEY, NICOLE				82 Street Address (P.O. Box Number is Not Acceptable)				
4100 CORPORATE SQUARE, STE. 106				OZ Street Address (1.0. Box Hamber is Not Address )				
NAPLES FL 34104			83	83				
				84 City 85 Zip Code				
					·	FI	<b>-</b> 1 1	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was autr	torizeg by	tne corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of the appo	of changing its pintment as re	registered gistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	Turlukis, Todd		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-5	ST-7IP				
TITLE			2.1 TITLE			_	☐ Change	Addition
NAME			2.2 NAME	ļ				
	·			TADDRESS				ļ
STREET ADDRESS			2 4 CITY-					
CITY-ST-ZIP			3.1 TITLE	31-21-	<del>-</del>		☐ Change	☐ Addition
TITLE			3.2 NAME	1				}
NAME	NOLIII, LEL AMI			T ADDRESS				
STREET ADDRESS	5980 10TH AVE., N.W.							j
CITY-ST-ZIP	NAPLES FL 34119	□ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP			☐ Change	Addition
TITLE		□ vctric		.			_ •	_
NAME			4. 2 NAME	1				į
STREET ADDRESS				TADORESS				ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-: 5.1 TITLE	SI-ZIP			☐ Change	Addition
TITLE		☐ DELCTE	5.2 NAME					
NAME				T ADDRESS				}
STREET ADDRESS			5.4 CITY-		•			]
CITY-ST-ZIP		D DCI CTC	6.1 TITLE	21-4F			Change	Addition
TITLE	-	☐ DELETE						
NAME			6.2 NAME					1
STREET ADDRESS			I .	T ADDRESS				ļ
CITY-ST-ZIP			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:**