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 Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90200 025 ***150.00

DOCUMENT # P98000106389 1. Corporation Name R.E.M. COATINGS, INC. Principal Place of Business Mailing Address 412 SEA WILLOW DRIVE 412 SEA WILLOW DRIVE KISSIMMEE FL 34743 KISSIMMEE FL 34743 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3553099 Not Applicable 21 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible Zìp ☐ Yes Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PONALD 81 PACHOLCRAN PACHOLCZAK, RONALD J JR. Street Address (P.O. Box Number is Not Acceptable)
12/25 DE/AUXCE WOODS 4 82 412 SEA WILLOW DRIVE KISSIMMEE FL 34743 83 85 Zip Code 84 City 3.2824 ORLANDO 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 907,0005, Florida Statutes. NOTE: Registered Agent signature required when reinstating) red agent and title ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE Change TITLE PACHOLCZAK, RONALD J JR. 1.2 NAME NAME 412 SEA WILLOW DRIVE 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE MACHNICA, ROBERT E 2.2 NAME NAME 412 SEA WILLOW DRIVE 2.3 STREET ADDRESS STREET ADORES KISSIMMEE FL 34743 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 31 TITLE TITLE -NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE ☐ Change ☐ Addition OFLETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

GRATURE AND TYPED PRIPRIEST SAME OF SIGNING OFFICER OF DIRECTOR

4-29.99

Daytime Phone #

CR2E034 (11/98)