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 # **S41127**

1. Corporation Name

COLOR GUARD COATINGS, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90099 023 ***150.00



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Principal Place of Business Mailing Address									
604 FONTANA LANE BRADENTON. FL 34209 34209-1822		604 Fontana lane Bradenton. Fl. 34209 34209-1822				DO NOT WRITE IN THIS SP.	ACE		
					-				
	•					 Date Incorporated or Qualified 03/26/1991 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For			
	ace of Boainess	26				65-0256917 Not Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.			~~~~~~	\$8.75 additional			
22		27				5. Certifcate of Status Desired	*	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29 30	0			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	ent		
			8	1 Na	ame			(
BRASWELL, WILLIE G.			8:	2 St	treet Address	Address (P.O. Box Number is Not Acceptable)			
604 FONTANA LANE BRADENTON FL 34209			B.	83					
Ditti	DENTON I E 04E00						1		
			84		•	ነ ተፈነ		Code	
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 607.0505, Florida Statutes. SIGNATURE									
_	Translation, and doop and donger	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•		{	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent sign	nature required wi				
12.	, OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	P	☐ DELETE	1.1 TITLE			L] Change	Addition	
NAME	Braswell, Willie G.		1.2 NAME		ļ			ł	
STREET ADDRESS	604 FONTANT LANE		1.3 \$TRE	ET ADDI	RESS	•			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-	ST-ZIP	•				
TITLE	ST	☐ DELETE	2.1 TITLE			L] Change	Addition	
NAME	Braswell, Debbie L.	SWELL, DEBBIE L.		2.2 NAME				Į	
STREET ADDRESS	-604:FONTANA:LANE	VTANA·LANE 2		-2.3 STREET ADDRESS			التيبسنت		
CITY-ST-ZIP	BRADENTON FL		2. 4 CiTY-	-ST-ZIP	•				
TITLE	V ☐ DELETE 3.1 TI		3.1 TITLE			Ε] Change	e	
NAME	BRASWELL, WILLIE G.		3.2 NAME					ĺ	
STREET ADDRESS	604 FONTANA LANE		3.3 STRE	ET ADDI	RESS			Ì	
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-	ST-ZIP	2				
TITLE		☐ DELETE	4.1 TITLE			•] Change	Addition	
NAME			4. 2 NAMI	E					
STREET ADDRESS			4.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
ΠLE		☐ DELETE	5.1 TITLE] Change	e ☐ Addition	
NAME	•		5.2 NAME					}	
STREET ADDRESS			5.3 STRE)	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-				7.05		
TITLE		☐ DELETE	6.1 TITLE] Change	e Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	et addi	RESS			Ì	

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 ctylinged, or on an attachment with an address, with all other like empowered.

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR