

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 3:04

DOCUMENT # **S49551** (2)

1. Corporation Name

QUANTUM COATINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**445-26 STATE ROAD 13
SUITE 316
JACKSONVILLE FL 32259**

Mailing Address

**445-26 STATE ROAD 13
SUITE 316
JACKSONVILLE FL 32259**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized

05/02/1991

3a. Date of Last Report

08/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3067065

Applied For

Not Applicable

Suite Apt # etc

Suite Apt # etc

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for attributable tax under S 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIGHTON, DAVID D
453 TIVOLI DRIVE
JACKSONVILLE FL 32259**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions in Sections 607.04(1) and 607.11(8), 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 607.02(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or the Agent)

(Signature of Registered Agent or the Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WEIGHTON, DAVID D
STREET ADDRESS	453 TIVOLI DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b), Florida Statutes. I further certify that the information included 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 treasurer or person empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, if not changed, on an attachment with an address.

SIGNATURE:

David D. Weighton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

Exempted from fee