FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25116

(7)

BENNETT STRIPING COMPANY, INC.

FILED
May 02 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address POST OFFICE BOX 5126 POST OFFICE BOX 5126				4 (100)	e i fatt Grifte tibet geier tibet seers atte fibri fibri fibri bibit bibit beite bibit beter bibit beter				
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20711 CR 1460 EARLTON FL 33		OAINEOVILLE FL-92002-518							
US	pp:	V			3. Date inc	orporated or Qualified	3a. Date of Las	st Report	
					03/26/1	992	12/11/1996	3	
	lace of Business	2a. Mailing Address 26 20711 NE	1111	۸	4, FEI Num			Applied For	
21 207	II NE 114th Av	e 26 00 111 Nt	- 114	n H	√e 59-31	21021		Not Applicable	
Sulle, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		5 Additional	
22 27				Fee Require					
	City & State		FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 N C	Country Zip Country				Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,				
326	74 25 32694 30 30					Florida Statutes Yes No			
	9. Name and Address of Curre		1991			nd Address of New Re	gistered Agent		
BENI	NETT, GORDON JR.		8	11 Name				i	
	20711 NE 114TH AVE.			82 Street Address (P.O. Box Number is Not Acceptable)					
	TON FL-82601-							444 445	
			[€	3		4		!	
			16	4 City 1	m Cat		85 _	Zip Code	
				ليا ً إ	umad		FL 3	19694	
I office or i	to the provisions of Sections 607.05 registered agent, or both, in the Sta	te of Florida. Such change was	authorized	by the corp	corporation submits oration's board of o	this statement for the particular than the particular in the parti	urpose of changing the appointment	ng its registered t as registered	
agent La	im fan liar with and accept the obli	igations of, Section 607.0505, F	lorida Ştatu	tes.		ı.	12010-		
SIGNATURE	Kimberley D	emett Vice	Pusi	تحتيولا		T /	DATE DATE		
12.	Signature: typed or printed name of opistered a OFFICERS A	ND DIRECTORS	13.	vgent signature	required when reinstating)	NS/CHANGES TO OFFIC		TORS IN 12	
TULE	P	DELETE	1.1 TiTL	E	7,00777.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Char		
NAME	BENNETT, GORDON		1.2 NAN	fE I					
STREET ADDRESS	-20711-CR-1460-		1.3 STR	EET ADDRESS		114th Ave			
City - S1 - ZiF	EARLETON-FL		1.4 CITY	-ST-ZIP	waldo.	FL 32694			
TILLE	V	☐ DELETE	2.1 TITL	£			☐ Char	ge 🔲 Addition	
NAME	BENNETT, KIMBERLEY		2.2 NAA	1E		114th Ave		ŀ	
STREET ADDRESS	20711 OR 1489		2.3 STR	EET ADDRESS					
CITY ST-ZP	EARLETON FL		2. 4 CiT	Y-ST-ZIP	waldo,	FL 32694			
Tift		☐ DELETE	3 1 TITE	E	•	•	Char	ige [] Addition	
NAME			3,2 NAN	1E		4			
STREET AUDRESS			3.3 STR	EET AODRESS	'				
CHY-SI-7-P				Y-ST-ZIP					
THEF		DELETE	4.1 TITU				Char	nge 🔲 Addition	
NAME			4. 2 NA	ŀ					
STREET ADDRESS				EET ADDRESS					
City S1-7IP	ļ	DELETE		(-S1-ZIP			Char	nge Addition	
THILE		FT ACTUR	5.1 TITL	1			L.J Vildi	יאַר ביין אטעוווטוו ו	
NAMI			5.2 NAA						
STREET ADDRESS				EET ADDRESS					
CITY ST-ZIP TITLE		DELETE	5.4 CII	r - ST - ZIP			Char	nge Addition	
NAME		P.C.I.	6.2 NAM				June 5 June		
STREET ADDRESS			- 6	EET ADDRESS					
1				r-ST-ZIP		1			
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4. I do 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.

SIGNATURE: STANDE AND TYPE OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4/28/97 (35) 373-7356