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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V25116

(7)

1. Corporation Name

BENNETT STRIPING COMPANY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 5126

20711 CR 1460

EARLTON FL 32631

US

POST OFFICE BOX 5126

CAINEVILLE FL 32602-5126

US



2. Principal Place of Business

21 20711 NE 114th Ave

2a. Mailing Address

26 20711 NE 114th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Waldo, FL

27 City & State

28 Waldo, FL

24 Zip 32694

Country

29 Zip 32694

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, GORDON JR.

20711 NE 114TH AVE.

EARLTON FL 32631

81 Name

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

83

84 City Waldo

FL

85 Zip Code 32694

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kimberley Bennett Vice President

4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BENNETT, GORDON

STREET ADDRESS 20711 CR 1460

CITY-ST-ZIP EARLTON FL

TITLE V ☐ DELETE

NAME BENNETT, KIMBERLEY

STREET ADDRESS 20711 CR 1460

CITY-ST-ZIP EARLTON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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: Kimberley Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (352) 373-7350

Date Daytime Phone • 0009743

CR2E034 (9/96)