Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90157 036 ***150.00

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 # V25116

1. Corporation Name

BENNETT STRIPING COMPANY, INC.

Principal Place	of Business	Mailing Address						
20711 NE 114TH AVE WALDO FL 32694		20711 NE 114TH AV	•					
		WALDO FL 32694				DO NOT WRITE IN T	HIS SPACE	
US		US				Date Incorporated or Qualifed		
						03/26/1992		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	A	pplied For
21		26				59-3121021	N	o Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired	Fee R	te quired
City & State	•	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	-	
24	25	29	30			Perso nal Property Tax.	Yes	
	9. Name and Address of Curr	ren: Registered Agent				10. Name and Address of New Registe	rud Ağent	
				81	Name			
	NETT, GORDON JR.			82	Street A Id	ress (P.O. Bo (Number is Not Acceptable)		
	1 NE 114TH AVE.							
WAL	DO FL 32694			83				
				84	City	<u> </u>	85 Zip	Code
					•	poration subm ts this statement for the purpos	F L .	
	Signature, typed or printed no me of registered of	agen and title if applicable. AN 0 DIRECTORS	(NO) E: Registere		signature require	ed when reinstatung DAT ADDITI ONS/CHANGES TO OFFICER		ORS IN 12
12.	OFFICERS	AN) DIRECTORS		TITLE		ADDITI SNS/CHANGES TO OFFICER	Change	
TITLE	PENNETT CODDON			NAME				
NAME [BENNETT, GORDON			STREET A	DODESS			
STREET ADDR! SS	20711 NE 114TH AVE WALDO FL 32694			CITY-ST-	l			
CITY-ST-ZIP	VALDO FL 32094	□ DELE		TITLE	-211		Change	☐ Addition
NAME	BENNETT, KIMBERLEY			NAME				
STREET ADDRESS	20711 NE 114TH AVE				ADDRESS			
	WALDO FL 32694		1 -	CITY-ST-				
CITY-ST-ZIP	TIALDO I L UZUUT	☐ DELE		TITLE			Change	Addition
NAME			3.2	NAME				
STREET ADORESS			3.3 5	STREET /	ADDRESS			
CITY-ST-ZIP				CITY-ST-				
TITLE		☐ DELE		TITLE			☐ Change	Addition
NAME			4.2	NAME	Į.			
STREET ADDRESS			433	STREET	ADDRESS			
CITY-ST-ZIP			4.4	CITY-ST-	ZIP			
TITLE		☐ DELE	TE 511	TITLE			☐ Change	☐ Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3 5	STREET A	ADDRESS			
CITY-ST-ZIP				CITY-ST-	ZIP			
TITLE		☐ DELE	TE 6.1	TITLE			☐ Change	Addition
NAME			6.21	NAME				
OTDEET ADDDE OC			63	STREET /	ADDRESS			

CITY-ST-ZIP 14. Therety certify that the information supplied with this filting 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 changes, or on an attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP