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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V58042 (5)

1. Corporation Name

BENTLEY SEALCOATING & STRIPING, INC.

Principal Place of Business

7729 W. POCONO DR.
INVERNESS FL 34450
US

Mailing Address

7729 E. POCONO DR.
INVERNESS FL 34450-2607
US

3. Date Incorporated or Qualified

08/12/1992

3a. Date of Last Report

06/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0348225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JAMES M. BENTLEY
101 RIDGEVIEW DR.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BENTLEY, BRUCE A.
STREET ADDRESS
7729 E. POCONO DR.
CITY- ST- ZIP
INVERNESS FL

TITLE ☐ DELETE

NAME
BENTLEY, J. MICHAEL
STREET ADDRESS
18 W. SEMINOLE AVE
CITY- ST- ZIP
EUSTIS 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

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1E

1.1ME

1.1REET ADDRESS

1.1Y- ST- ZIP

2.1E

2.1ME

2.1REET ADDRESS

2.1Y- ST- ZIP

3.1E

3.1ME

3.1REET ADDRESS

3.1Y- ST- ZIP

4.1E

4.1ME

4.1REET ADDRESS

4.1Y- ST- ZIP

5.1E

5.1ME

5.1REET ADDRESS

5.1Y- ST- ZIP

6.1E

6.1ME

6.1REET ADDRESS

6.1Y- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/97 352-726-504

CR2E034 (9/96)