

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V65971 (6)**

1. Corporation Name
EMERALD COAST INDUSTRIAL PAINTING, INC.



Principal Place of Business: **9 BLENHEIM RD SHALIMAR FL 32579**
Mailing Address: **P.O. BOX 1061 SHALIMAR FL 32579 US**

2. Principal Place of Business
21 **818 GREENVIEW DR.**
22 **Apollo Beach**
23 **Apollo Beach, FL**
24 **33572** 25 **USA**
26 **818 GREENVIEW DR.**
27 **Apollo Beach**
28 **Apollo Beach, FL**
29 **33572** 30 **USA**

3. Date Incorporated or Qualified: **09/21/1992**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-3141282**
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
**SANTOS, FRANK
9 BLENHEIM RD
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent
81 Name: **SANTOS, FRANK**
82 Street Address (P.O. Box Number is Not Acceptable): **818 GREENVIEW DR**
83 **Apollo Beach FL**
84 City: **APOLLO BEACH** 85 Zip Code: **FL 33572**

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: *Frank Santos* **FRANK SANTOS PRES.** DATE: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SANTOS, FRANK	
STREET ADDRESS	9 BLENHEIM RD.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK SANTOS	
1.3 STREET ADDRESS	818 GREENVIEW DR.	
1.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frank Santos* **FRANK SANTOS** DATE: **4-26-96** TELEPHONE: **813 645-5408**

CR2E034 (12/95)