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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # V68679

JAMIE COAT, PAINTING AND WATERPROOFING, INC.

Principal Place of Business Mailing Address 4300 US HIGHWAY #1 4300 US HIGHWAY #1 **SUITE 203-131** SUITE 203-131 DO NOT WRITE IN THIS SPACE JUPITER FL 33477 JUPITER FL 33477 3. Date Incorporated or Qualified 09/30/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0362269 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 20 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name REPP, CATHY MARIE 4300 US HIGHWAY #1 Street Address (P.O. Box Number is Not Acceptable) SUITE 203-131 63 JUPITER FL 33477 84 City 11. Pursuant to the provisions of Soctions 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. (NOTE. Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITEE REPP, CATHY M. NAME 1.2 NAME DR 206 ST. CHARLES COURT STREET ADDRESS 1.3 STREET ADDRESS 33410 JUPITER FL CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that I am an office or director of the certific that it is supplied with the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that I am an office or director of the certific that it is supplied with the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that I am an office or director of the certific that it is supplied with the information indicated in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5 4 City-St-ZiP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME

DELETE

1-12-98

Change

Addition

FILED

Apr 01 1998 8:00am

Secretary of State