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AND
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95 MAY -1 AM 7:47

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000495 (3)**

1. Corporation Name

BRIDGEWATER PROTECTIVE COATINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

81 CHIMNEY ROCK ROAD
BRIDGEWATER NJ 08807

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BRIDGEWATER NJ 08807

3. Date Incorporated or Qualified **11/16/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **22-2849777** 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**

7. The corporation has liability for intangible tax under § 193.02, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

22 State Apt # etc

27 State Apt # etc

23 City & State

28 City & State

24 Zip City State

29 Zip City State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP SCHOLZ, JOHN M	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLZ, JOHN M	12 NAME	
STREET ADDRESS	5304 EMERSON AVENUE	13 STREET ADDRESS	
CITY, ST, ZIP	PISCATAWAY NJ 08854	14 CITY, ST, ZIP	
TITLE	DS SCHOLZ, JOAN M	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLZ, JOAN M	22 NAME	
STREET ADDRESS	5304 EMERSON AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	PISCATAWAY NJ 08854	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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(1)(b), Florida Statutes. I further certify that the information included 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 registered agent or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions attached to this filing.

SIGNATURE: X *Jack Scholz* Jack Scholz Pres. 3/9/95 9084696262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR