

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **658580** (6)

1. Corporation Name
GENERAL SPRAY SERVICE, INC.



Principal Place of Business: P.O. BOX 1316, 4431 SE 45 RD, OCALA FL 34480
Mailing Address: P.O. BOX 1316, 4431 SE 45 RD, OCALA FL 34480

3. Date Incorporated or Qualified: **03/10/1980**
3a. Date of Last Report: **01/19/1995**

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

4. FEI Number: **59-2013323**
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

10. Name and Address of New Registered Agent

GODWIN, DAVID F.
4343 S.E. 58TH PLACE
OCALA FL 32671

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: P DELETE
NAME: GODWIN, DAVID F.
STREET ADDRESS: 4343 S.E. 58TH PLACE
CITY-ST-ZIP: OCALA FL
2. TITLE: V DELETE
NAME: GODWIN, RUTH B.
STREET ADDRESS: 4431 S.E. 45TH RD
CITY-ST-ZIP: OCALA FL
3. TITLE: ST DELETE
NAME: GODWIN, SHEILA
STREET ADDRESS: 4343 S.E. 58TH PLACE
CITY-ST-ZIP: OCALA FL
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change 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: *Ruth Godwin* Date: **2-2-96** Daytime Phone: **694-3227**

CR2E034 (12/95)