

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

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 34478-1316
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/10/1980</b>	3a. Date of Last Report <b>02/06/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2013323</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GODWIN, DAVID F.</b> <b>4343 S.E. 58TH PLACE</b> <b>OCALA FL 32671</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, DAVID F.</b>	1.2 NAME	
STREET ADDRESS	<b>4343 S.E. 58TH PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, RUTH B.</b>	2.2 NAME	
STREET ADDRESS	<b>4431 S.E. 45TH RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, SHEILA</b>	3.2 NAME	
STREET ADDRESS	<b>4343 S.E. 58TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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 B Godwin* *Ruth B Godwin* 2-4-97 352-694-3222

CR2E034 (9/96)