

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G06193 (8)**

1. Corporation Name
SPRAY-TECH, INC.



Principal Place of Business: **1086 FLORIDA CENTRAL PKY. LONGWOOD, FL POST OFFICE BOX 150157 ALTAMONTE SPRINGS FL 32715-7157**
Mailing Address: **1086 FLORIDA CENTRAL PKY. LONGWOOD, FL POST OFFICE BOX 150157 ALTAMONTE SPRINGS FL 32715-7157**

3. Date Incorporated or Qualified: **10/27/1982**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21 **1086 FL Central Pkwy**
Suite, Apt #, etc
22
City & State: **Longwood FL**
Zip: **32750**
Country: **USA**
2a. Mailing Address
26 **Po Box 522290**
Suite, Apt #, etc
27
City & State: **Longwood FL**
Zip: **32752**
Country: **USA**

4. FEI Number: **59-2231048**
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
**STEENBEKE JOSEPH J
1086 FL CENTRAL PKY
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph J Steenbake* (Agent Signature) *Joseph J Steenbake CFO/SEC/TRES* (Date: **6/17/96**)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILDING, ERNEST L	
STREET ADDRESS	98 SPRINGLANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULDOON, TERRY	
STREET ADDRESS	1101 W WEKIVA TR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, EDWARD J.	
STREET ADDRESS	2145 COMPANERO AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEENBEKE, JOSEPH J	
STREET ADDRESS	2333 SWEETAIRE COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROBBIE	
STREET ADDRESS	201 E. PINE STREET, SUITE #1200	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STO Steenbake, Joseph J
43 STREET ADDRESS	1378 Shady Knoll Court
44 CITY-ST-ZIP	Longwood, FL 32750
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph J Steenbake* (Date: **6/17/96**) *Joseph J Steenbake* (Date: **407 767 0470**)

CR2E034 (3/96)