

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 26 PM 3:24

DOCUMENT # P92000009848 (2)

1. Corporation Name  
 ALLSPRAY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 11622 GROVEWOOD BLVD. LAND O'LAKES FL 34609  
 Mailing Address: 11622 GROVEWOOD BLVD. LAND O'LAKES FL 34609

3. Date Incorporated or Qualified: 12/04/1992  
 3a. Date of Last Report: 04/13/1994

2. Principal Place of Business: 21  
 2a. Mailing Address: 2a

4. FEI Number: 59-3163516  
 Applied For: Not Applicable

22. Suite, Apt. #, etc.:  
 27. Suite, Apt. #, etc.:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State:  
 28. City & State:

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

24. Zip: 25. Country:  
 29. Zip: 30. Country:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 HARRIS, RANDALL S  
 11622 GROVEWOOD BLVD.  
 LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent  
 01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City  
 FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when re-elected) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	FSD
NAME	HARRIS, RANDALL S
STREET ADDRESS	11622 GROVEWOOD BLVD.
CITY-ST-ZIP	LAND O'LAKES FL 34639
TITLE	VD
NAME	HARRIS, PAMELA J
STREET ADDRESS	11622 GROVEWOOD BLVD.
CITY-ST-ZIP	LAND O'LAKES FL 34639
TITLE	D
NAME	SEHM, JEFFREY R
STREET ADDRESS	6826 ATRIO TERRACE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	TD
NAME	SEHM, LAURIE
STREET ADDRESS	6826 ATRIO TERRACE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	FSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRIS, Randall S.
1.3 STREET ADDRESS	13134 SUSSEX ST
1.4 CITY-ST-ZIP	Spring Hill, FL 34609
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRIS PAMELA J.
2.3 STREET ADDRESS	13134 SUSSEX ST.
2.4 CITY-ST-ZIP	Spring Hill, FL 34609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 registered agent or member responsible to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an affidavit.

SIGNATURE: *Randall Harris*  
 RANDALL HARRIS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Randall Harris

1-11-95  
 Date: \_\_\_\_\_  
 Registered Agent #