FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G06193** **(8)**

1. Corporation Name
SPRAY-TECH, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/27/1982**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

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
2333 SWEETAIRE COURT
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1086 FL. Central Pky
83
84 City: Longwood **FL** 85 Zip Code: 32750

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: Joseph J. Steenbeke STD 1/11/95
(Typed, printed or rubber stamp of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WILDING, ERNEST L	12 NAME		
STREET ADDRESS	98 SPRINGLANE	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MULDOON, TERRY	22 NAME		
STREET ADDRESS	1101 W WEKIVA TR	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MANNING, EDWARD J.	32 NAME		
STREET ADDRESS	2145 COMPANERO AVE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	STEENBEKE, JOSEPH J	42 NAME		
STREET ADDRESS	2333 SWEETAIRE COURT	43 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, ROBBIE	52 NAME		
STREET ADDRESS	201 E. PINE STREET, SUITE #1200	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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(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: Joseph J. Steenbeke 1/11/95 407-767-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0413700 FP