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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G06193** (8)

1. Corporation Name  
**SPRAY-TECH, INC.**

Principal Place of Business  
**1086 FL CENTRAL PKWY  
POST OFFICE BOX 150157  
LONGWOOD FL 32750  
US**

Mailing Address  
**P O BOX 522280  
POST OFFICE BOX 150157  
LONGWOOD FL 32752-2280  
US**



3. Date Incorporated or Qualified <b>10/27/1982</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>59-2231048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WILDING, ERNEST L</b>
STREET ADDRESS	<b>98 SPRINGLANE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MULDOON, TERRY</b>
STREET ADDRESS	<b>1101 W WEKIVA TR</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MANNING, EDWARD J.</b>
STREET ADDRESS	<b>2145 COMPANERO AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>STEENBEKE, JOSEPH J</b>
STREET ADDRESS	<b>1378 SHADY KNOLL COURT</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ROBINSON, ROBBIE</b>
STREET ADDRESS	<b>201 E. PINE STREET, SUITE #1200</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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* **JOSEPH J STEENBEKE** 1/9/97 407 767 0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)