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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 522290
POST OFFICE BOX 150157
LONGWOOD FL 32752
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3333 Beverly Rd.

27 Suite, Apt. #, etc.

28 768TAX, B5-220B/B

29 City & State

30 Hoffman Estates, IL

31 Zip Country

32 60179 33

3. Date Incorporated or Qualified

10/27/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WILDING, ERNEST L**

STREET ADDRESS **98 SPRINGLANE**

CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME **D MULDOON, TERRY**

STREET ADDRESS **1101 W WEKIVA TR**

CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **D MANNING, EDWARD J.**

STREET ADDRESS **2145 COMPANERO AVE**

CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **STD STEENBEKE, JOSEPH J**

STREET ADDRESS **1378 SHADY KNOLL COURT**

CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **D ROBINSON, ROBBIE**

STREET ADDRESS **201 E. PINE STREET, SUITE #1200**

CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)