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FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90022 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G06193

1. Corporation Name
SPRAY-TECH, INC.

Principal Place of Business

**1086 FL CENTRAL PKWY
POST OFFICE BOX 150157
LONGWOOD FL 32750
US**

Mailing Address

**3333 BEVERLY ROAD
768 TAX. 85-2208/B
HOFFMAN ESTATES IL 60179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1982

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **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 owes the current year Intangible Personal Property Tax. ☐ 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WILDING, ERNEST L	1.2 NAME	
STREET ADDRESS	98 SPRINGLANE	1.3 STREET ADDRESS	1086 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARTINEZ, ARTHUR C	2.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CRITTENDEN, GARY L	3.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST STEENBEKE, JOSEPH J	4.2 NAME	
STREET ADDRESS	1378 SHADY KNOLL COURT	4.3 STREET ADDRESS	1086 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEVIN, MICHAEL D	5.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20234 (11/98)