

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M51286 (6)
1. Corporation Name
ACTION, SPRAY-ON SYSTEMS, CO.



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| Principal Place of Business 8745 ABBOTT AVE. SURFSIDE FL 33154 | Mailing Address 8745 ABBOTT AVE. SURFSIDE FL 33154 |
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| 3. Date Incorporated or Qualified 04/30/1987 | 3a. Date of Last Report 07/14/1995 |
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| 2. Principal Place of Business 21 4528 CURRY FORD RD. | 2a. Mailing Address 26 4528 CURRY FORD RD. | 4. FEI Number 59-2802780 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State ORLANDO, FL | 28. City & State ORLANDO, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip 32812 | 25. Country U.S.A. | 29. Zip 32812 | 30. Country U.S.A. |

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| 8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent MOWRY, ROBERT 8745 ABBOTT AVE. SURFSIDE FL 33154 | 10. Name and Address of New Registered Agent 81 Name ROBERT MOWRY 82 Street Address (P.O. Box Number is Not Acceptable) 4528 CURRY FORD RD. 83 City ORLANDO FL 85 Zip Code 32812 |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *Robert Mowry* **ROBERT MOWRY** 7-17-96
(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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUCA, THERESA | 1.2 NAME | Theresa A LUCA |
| STREET ADDRESS | 8745 ABBOTT AVE. | 1.3 STREET ADDRESS | 4528 CURRY FORD RD. |
| CITY-ST-ZIP | SURFSIDE FL | 1.4 CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOWRY, ROBERT | 2.2 NAME | ROBERT MOWRY |
| STREET ADDRESS | 8745 ABBOTT AVE. | 2.3 STREET ADDRESS | 4528 CURRY FORD RD. |
| CITY-ST-ZIP | SURFSIDE FL | 2.4 CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE: *Robert Mowry SRVP.* **ROBERT MOWRY** 7-17-96 407 831-2431
(Signature, typed or printed name of signing officer or director) (Date) (By New Filing #)

CR2E034 (3/96)