

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05 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 # **M51286** (6)
1. Corporation Name
ACTION, SPRAY-ON SYSTEMS, CO.



| | |
|--|--|
| Principal Place of Business 4528 CURRY FORD RD ORLANDO FL 32812 US | Mailing Address 4528 CURRY FORD RD ORLANDO FL 32812 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 1225 Bennett Drive Suite, Apt. #, etc. 22 Suite 140 City & State 23 Longwood, FL Zip 24 32750 | | 2a. Mailing Address 26 477 Country Club Drive Suite, Apt. #, etc. 27 City & State 28 Longwood, FL Zip 29 32750 | | 3. Date Incorporated or Qualified 04/30/1987 | |
| Country 25 USA | | Country 30 USA | | 4. FEI Number 59-2802780 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MOWRY, ROBERT
4528 CURRY FORD RD
ORLANDO FL 32812

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Mowry, Robert |
| 82 Street Address (P.O. Box Number is Not Acceptable) 477 Country Club Drive |
| 83 |
| 84 City Longwood |
| 85 Zip Code FL 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 *Robert Mowry*
Signature, typed or printed name of registered agent and title if applicable

SRVP. ROBERT MOWRY 3-2-98
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-------------------|---------------------------|--|
| TITLE D | LUCA, THERESA | <input checked="" type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | 4528 CURRY FORD RD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE D | MOWRY, ROBERT | <input checked="" type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | 4528 CURRY FORD RD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------------|-------------------------------|--|
| 1.1 TITLE D | Luca, Theresa | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 477 Country Club Drive | |
| 1.4 CITY-ST-ZIP | Longwood, FL 32750 | |
| 2.1 TITLE D | Mowry, Robert | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 477 Country Club Drive | |
| 2.4 CITY-ST-ZIP | Longwood, FL 32750 | |
| 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 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: *Robert Mowry*
ROBERT MOWRY

3/2/98

407-831-2931

CR2E034 (10/97)