

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90034 024 ***150.00

DOCUMENT # M51286

1. Corporation Name
ACTION, SPRAY-ON SYSTEMS, CO.

Principal Place of Business

**1225 BENNETT DRIVE
SUITE 140
LONGWOOD FL 32750
US**

Mailing Address

**477 COUNTRY CLUB DRIVE
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1987

4. FEI Number

59-2802780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8985 S. A1A

Melbourne Bch, FL

32951

USA

9. Name and Address of Current Registered Agent

**MOWRY, ROBERT
477 COUNTRY CLUB DRIVE
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

ROBERT MOWRY

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

8985 S. A1A

83

84 City

Melbourne Beach

FL

85 Zip Code

32951

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 Sec

ROBERT MOWRY

2-9-99

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 **D** ☐ DELETE

NAME **LUCA, THERESA**
STREET ADDRESS **477 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE

NAME **MOWRY, ROBERT**
STREET ADDRESS **477 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Theresa Luca**
1.3 STREET ADDRESS **8985 S. A1A**
1.4 CITY-ST-ZIP **Melbourne Bch FL 32951**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **ROBERT MOWRY**
2.3 STREET ADDRESS **8985 S. A1A**
2.4 CITY-ST-ZIP **Melbourne Bch. FL 32951**

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, with all other like empowered.

SIGNATURE:

Robert Mowry Sec ROBERT MOWRY

Date

2-9-99 407-831-2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

0074457