

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P16427 (7)

1. Corporation Name

GRAVES SPRAY SUPPLY, INC.



Principal Place of Business

11701 56TH CT.  
CLEARWATER FL 34620

Mailing Address

11701 56TH CT.  
CLEARWATER FL 34620

3. Date Incorporated or Qualified

10/19/1987

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-2650388

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDGER, PETER G.  
11701 56TH CT  
CLEARWATER FL 34620

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 CD ☐ DELETE  
NAME HEDGER, JAMES E. SR.  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE V ☐ DELETE  
NAME HEDGER, JOHN C.  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VST ☐ DELETE  
NAME HEDGER PETER G.  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE V ☐ DELETE  
NAME HEDGER, THOMAS A.  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE P ☐ DELETE  
NAME HEDGER, JAMES E., JR.  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE  
NAME HEDGER, MARILYN  
STREET ADDRESS 11701 56TH CT  
CITY-STATE-ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

813-573-2955

Daytime Phone #

CR2E034 (12/95)