


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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 34620-4815		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/19/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/20/1996	
City & State 23		City & State 28		4. FEI Number 36-2650388	
Zip 24		Country 25		Applied For Not Applicable	
Country 29		Zip 30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent HEDGER, PETER G. 11701 56TH CT CLEARWATER FL 34620		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
81 Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
82 Street Address (P.O. Box Number is Not Acceptable)		10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	HEDGER, JAMES E. SR.				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HEDGER, JOHN C.				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	HEDGER PETER G.				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HEDGER, THOMAS A.				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HEDGER, JAMES E., JR.				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	HEDGER, MARILYN				
STREET ADDRESS	11701 56TH CT				
CITY - ST - ZIP	CLEARWATER FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
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 do 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.

CR2E034 (9/96)