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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P16427

1. Corporation Name

(7)

GRAVES SPRAY SUPPLY, INC.

Principal Place of Business Maring Address TURN STH CT TURN STH									
CLEARWATER FL 34620 CLEARWATER FL 34620-4615	Principal Place of Business Mailing Address						ay h oholi olofi eh	ili uldir ukuli l	/(0)(90 1
Principal Place of Business 2a, Maillary Address 4. Filt Number 4.	***** **** ****)-481 <i>5</i>					
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Suite, Apt 4, etc. Suite, Apt 4, etc. Suite, Apt 4, etc. 27 28 City & State 28 City & State 29 29 29 20 20 20 20 20		lace of Business	2a. Mailing Address			1		Ap	plied For
Cony & Shale City						36-2650388			
City & State City & State City & State City & State Country 28 Country 29 Countr						5. Certificate of Status Desired	×		
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Zip Country Zip Country	1 '								
HEDGER, PETER G. 11701 58TH CT CLEARWATER FL 34620 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The acover-named corporation submits this statement for the purpose of changing its registered agent an arminar with, and accept the deligotions of, Section 607.0505, Provide Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Trol	Ζιp			Count	ry	· ·	or intangible	tax under s	199.032,
HEDGER, PETER G. 11701 58TH CT CLEARWATER FL 34620 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The acover-named corporation submits this statement for the purpose of changing its registered agent an arminar with, and accept the deligotions of, Section 607.0505, Provide Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Trol	24	25 29		30		Florida Statutes Yes No			
TITO 1 SETH CT CLEARWATER FL 34620 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was author/zoo by the corporation's board of directors I hereby accept the appointment as registered agent, an animalar with, and accept the obligations of Sections 607.0505, Fiorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DEFECT ADDRESS 15. STREET ADDRESS 1701 SOTH CT 15. STREET ADDRESS 171701 SOTH CT 15. ST		-	nt Registered Agent		10. Name and Address of New	Registered A	gent		
CLEARWATER FL 34620 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507 05.02 and 507 1508. Fiorids Statutes. The above-named corporation submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. Statutes agent a mainlar with, and accept the obligations of Section 607 0505. Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CD USER JAMES E. SR. 11701 56TH CT 13. STREET ADDRESS 11701 56TH CT 13. STREET ADDRESS 11701 56TH CT 22. MAME HEDGER, JOHN C. 22. MAME HEDGER, JOHN C. 22. MAME HEDGER, JOHN C. 22. MAME HEDGER, FLORIDA STATE FL 23. STREET ADDRESS 11701 56TH CT 24. ADDITIONS/CHANGES CO. 11701 56TH CT 25. ADDITIONS/CHANGES CO. 11701 56TH CT 2				a	1 Name				
### Addition #### Addition #### Addition #### Addition #### Addition #### Addition #### Additi				8	2 Street Add	ress (P.O. Box Number is Not Accep	table)		
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 agent. In a familiar with, and accept the obligations of, Sections 607 0505, Florida Statutes. SIGNATURE Signature Triple	CLE	ARWATER FL 34620		A	3				
1. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as registered agent, in the many arminar with, and accept the obligations of, Section 607.05.05. Florida Statutes				ľ]				
11, Pursuant to the provisions of Sections 607, 0502 and 607, 1508, Florida Statutes in a above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes Signature Signat				8	4 City		FI	85 Zip (Code
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, and accept the obligations of Section 607.6505, Florida Statutes. 12	11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itutes, the abo	ve-named cor	poration submits this statement for th		changing its	s registered
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Signation Special or period and of registered algoris and site if appointability (NOTE Registered Appire signature required when rendating) DATE		in lamilar with, and accept the oblig	ganons or, becnowled to tools,	r ionica otatut	63.				
TITLE	SIGNATURE	Signature typod or printed name of registered ag	ont and title if applicable (A	NOTE: Registered A	gent signature requi	ired when reinstating)	DATE		
MAME	12.			13.		ADDITIONS/CHANGES TO OF	FICERS AND	_	
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CITY-ST-ZIP CLEARWATER FL 4.4 CITY-ST-ZIP	NAME	HEDGER, THOMAS A.		4, 2 NAN	IE				
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CITY-ST-ZIP CLEARWATER FL

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 tostee 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.