

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

FILED

Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16427 (7)  
1. Corporation Name  
GRAVES SPRAY SUPPLY, INC.

Principal Place of Business  
11701 56TH CT.  
CLEARWATER FL 34620

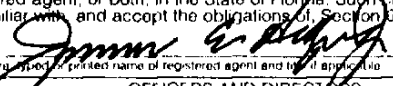
Mailing Address  
11701 56TH CT.  
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5148-113th Avenue Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33760 Country 25 USA		2a. Mailing Address 26 5148-113th Avenue Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33760 Country 30 USA		3. Date Incorporated or Qualified 10/19/1987	
				4. FEI Number 36-2650388 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEDGER, PETER G. 11701 56TH CT CLEARWATER FL 34620		10. Name and Address of New Registered Agent 81 Name James E. Hedger, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 5148-113th Avenue 83 84 City Clearwater FL 85 Zip Code 33760	
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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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER, JAMES E. SR.		1.2 NAME	
STREET ADDRESS 11701 56TH CT		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER, JOHN C.		2.2 NAME	
STREET ADDRESS 11701 56TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER PETER G.		3.2 NAME	
STREET ADDRESS 11701 56TH CT		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER, THOMAS A.		4.2 NAME	
STREET ADDRESS 11701 56TH CT		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER, JAMES E., JR.		5.2 NAME	
STREET ADDRESS 11701 56TH CT		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEDGER, MARILYN		6.2 NAME	
STREET ADDRESS 11701 56TH CT		6.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		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 a address.

SIGNATURE:  3/19/98 813-573-2955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0390657

CR2E034 (10/97)