

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 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90066 041 \*\*\*158.75

DOCUMENT # P16427

1. Corporation Name  
GRAVES SPRAY SUPPLY, INC.

Principal Place of Business  
5148 113TH AVE  
CLEARWATER FL 33760  
US

Mailing Address  
5148 113TH AVE  
CLEARWATER FL 33760  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1987

4. FEI Number

36-2650388

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDGER, JAMES E J  
5148 113TH AVE  
CLEARWATER FL 33760

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

TITLE CD ☐ DELETE

NAME HEDGER, JAMES E. SR.

STREET ADDRESS 11701 56TH CT

CITY-ST-ZIP CLEARWATER FL

TITLE V ☐ DELETE

NAME HEDGER, JOHN C.

STREET ADDRESS 11701 56TH CT

CITY-ST-ZIP CLEARWATER FL

TITLE VST ☐ DELETE

NAME HEDGER PETER G.

STREET ADDRESS 11701 56TH CT

CITY-ST-ZIP CLEARWATER FL

TITLE V ☐ DELETE

NAME HEDGER, THOMAS A.

STREET ADDRESS 11701 56TH CT

CITY-ST-ZIP CLEARWATER FL

TITLE P ☐ DELETE

NAME HEDGER, JAMES E., JR.

STREET ADDRESS 11701 56TH CT

CITY-ST-ZIP CLEARWATER FL

TITLE AS ☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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: *James E. Hedger* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 727-573-2955

Date

Daytime Phone #

CR2E034 (11/98)