

APPROVED
AND
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96 DEC 12 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1998

REINSTATEMENT 1998

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

DOCUMENT # P940000 3113
1. Corporation Name
SPRAYAWAY of America, Inc.

Principal Place of Business	Mailing Address
3536 Limerick Dr Tallah, FL 32308	P.O. Box 12076 Tallah, FL 32317

3. Date Incorporated or Qualified JUN 13, 1994	3a. Date of Last Report 1995
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21	2. Principal Place of Business 3536 Limerick Dr.	2a. Mailing Address P.O. Box 12076
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4. FEI Number	Applied For
On File	Not Applicable

Suite, Apt #, etc	Suite, Apt #, etc
22 7116-FL	27

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State	City & State
23 32317 Tallahassee, FL.	28 Tallahassee, FL.

6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
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24	Zip	32308	Country	USA	29	Zip	32317	Country	
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent	
Blaine E. Stover, Jr. 3536 Limerick Dr. Tallahassee, FL 32308	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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 12-12-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	President	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition			
NAME	Blaine E. Stouffer Jr.		1 2 NAME	—			
STREET ADDRESS	3536 Limerick Dr.		1 3 STREET ADDRESS	—			
CITY - ST - ZIP	Tallah., FL. 32308		1 4 CITY - ST - ZIP	6000002033266 ☐ Change ☐ Addition			
TITLE	1st Vice President	☐ DELETE	2 1 TITLE	-12/19/96--01014--008			
NAME	M.R. Clements Jr.		2 2 NAME	***383.75 ***383.75			
STREET ADDRESS	Covey Ridge Dr.		2 3 STREET ADDRESS	—			
CITY - ST - ZIP	Tallah., FL. 32308		2 4 CITY - ST - ZIP	—			
TITLE	Suc. Reale Sec/Treo,	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition			
NAME	Suc Reale		3 2 NAME	—			
STREET ADDRESS	R.D. # 2		3 3 STREET ADDRESS	—			
CITY - ST - ZIP	Hawanna FL.		3 4 CITY - ST - ZIP	—			
TITLE	—	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition			
NAME	—		4 2 NAME	—			
STREET ADDRESS	—		4 3 STREET ADDRESS	—			
CITY - ST - ZIP	—		4 4 CITY - ST - ZIP	—			
TITLE	—	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition			
NAME	—		5 2 NAME	—			
STREET ADDRESS	—		5 3 STREET ADDRESS	—			
CITY - ST - ZIP	—		5 4 CITY - ST - ZIP	—			
TITLE	—	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition			
NAME	—		6 2 NAME	—			
STREET ADDRESS	—		6 3 STREET ADDRESS	—			
CITY - ST - ZIP	—		6 4 CITY - ST - ZIP	—			

REINSTATEMENT 1994
 12-12-96
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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 reports 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 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if checked, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER, B.O. DIVISION

12-12-96

130

904-894-0885

Daytime Phone

CB2E034 (3/96)