FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P94000003113 (5)**

1. Corporation Name

SPRAYAWAY OF AMERICA, INC.

Principal Place of Business	Mailing Address
2042 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	2042 CAPITAL CIRCLE NE TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3536 Limerick Dr.
22: Suite, Apt #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32308
25: County: Leon

2a. Mailing Address
26: P.O. Box 12076
27: Suite, Apt #, etc.
28: City & State: Tallahassee, FL
29: Zip: 32317
30: County: Leon

4. FEI Number: 59-3252277 ☐ 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 has liability for minimum tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STOVER, B E JR
2042 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Gene Stover (B. E. Jr)
82 Street Address (P.O. Box Number is Not Acceptable): 3536 Limerick Dr.
83:
84 City: Tallahassee FL 85 Zip Code: 32308

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's signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition: VS
NAME	STOVER, B E JR	12 NAME	REALE, SUE
STREET ADDRESS	2042 CAPITAL CIRCLE NE	13 STREET ADDRESS	3536 Limerick Dr
CITY ST ZIP	TALLAHASSEE FL 32308	14 CITY ST ZIP	Tallahassee, FL 32308
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	MCNAMARA, KEVIN R	22 NAME	Underwood, Vance
STREET ADDRESS	2042 CAPITAL CIRCLE NE	23 STREET ADDRESS	3536 Limerick Dr
CITY ST ZIP	TALLAHASSEE FL 32308	24 CITY ST ZIP	Tallahassee, FL 32308
TITLE	D	31 TITLE	☐ Change ☒ Addition: D
NAME	CLEMENTS, M R JR	32 NAME	WILSON, LEWIS B III
STREET ADDRESS	625 N ADAMS ST	33 STREET ADDRESS	3536 Limerick Dr.
CITY ST ZIP	TALLAHASSEE FL 32301	34 CITY ST ZIP	Tallahassee, FL 32308
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: Sue C. Reale Treas/Sec. 3-6-95 904/894-0800
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Area Code & Daytime Phone Number)
Sue C. Reale, Treas./Sec.

0027750