FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Feb 13 1997 8:00am
Secretary of State

DOCUMENT # P94000003113

1. Corporation Name: SPRAYAWAY of America, Inc.

Principal Place of Business: 3536 Limerick Circle, Tallahassee, FL. 32308

Mailing Address: P.O. Box 12076, Tallahassee, FL. 32317

3. Date Incorporated or Qualified: 10-94

3a. Date of Last Report: 12-97

2. Principal Place of Business — 21: 3536 Limerick Circle

2a. Mailing Address — 26: P.O. Box 12076

4. FEI Number: 59-325 2277 — Applied For / Not Applicable

22. Suite, Apt #, etc: —

27. Suite, Apt #, etc:

5. Certificate of Status Desired: ☑ $8.75 Additional Fee Required

23. City & State: Tallahassee, FLORIDA

28. City & State: Tallahassee, Florida

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

24. Zip: 32308 — 25. Country: Leon

29. Zip: 32317 — 30. Country: Leon

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Blaine E. Stover, Jr.
3536 Limerick Dr.
Tallahassee, FL. 32308

10. Name and Address of New Registered Agent

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Blaine Eugene Stover Jr. President — 1-16-97

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	President	☐ DELETE
NAME	Blaine Eugene Stover Jr	
STREET ADDRESS	3536 Limerick Dr.	
CITY-ST-ZIP	Tallahassee, FL. 32308	
TITLE	M.R. Clements Jr. - Vice Pres.	☐ DELETE
NAME	1440 Covey Ride	
STREET ADDRESS	Tallahassee, FL. 32308	
CITY-ST-ZIP		
TITLE	Director	☐ DELETE
NAME	Vance H. Underwood	
STREET ADDRESS	3536 Limerick Dr.	
CITY-ST-ZIP	Talla., FL. 32308	
TITLE	—	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	—	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	—	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	—	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	—	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	—	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	—	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	—	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		2/13 tj
6.1 TITLE	100002088101	☐ Change ☐ Addition
6.2 NAME	-02/14/97--01033--021	
6.3 STREET ADDRESS	***173.75	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 is an attachment with the address.

SIGNATURE: Blaine E. Stover, Jr. — 1-16-97 — 894-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #