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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000003113

1. Corporate Name
SPRAYAWAY of America, Inc.

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

3. Date Incorporated or Qualified: 10-94	3a. Date of Last Report: 12-97
4. FEI Number: 59-325 2277	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 intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3536 Limerick Circle	26 P.O. Box 12076
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Tallahassee, FLORIDA	28 City & State: Tallahassee, Florida
24 Zip: 32308 25 Country: Leon	29 Zip: 32317 30 Country: Leon

9. Name and Address of Current Registered Agent	10. Name and Address of New 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Blaine Eugene Stover Jr 3536 Limerick Dr. Tallahassee, FL. 32308 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M.R. Clements Jr. - Vice Pres. 1440 Covey Ride Tallahassee, FL. 32308 ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vance H. Underwood 3536 Limerick Dr. Talla., FL. 32308 ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 2/13 tj
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition 100002088101 -02/14/97--01033--021 ***173.75

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 if changed, or on an attachment with an address.

SIGNATURE: Blaine E. Stover, Jr. — Blaine E. Stover, Jr. — 1-16-97 — 894-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #