SEP-24-1997 16:59 FROM HARPER VAN SCOTKXkXc H Q TO P.01

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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97 SEP 26 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000075528

1. Corporate Name

~~Spraycraft~~ Spraycraft, Inc.

Principal Place of Business / Mailing Address

1150 19th St. N.
St. Petersburg, FL 33713

2. Principal Place of Business
21 Same
22 State, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Same
27 State, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified
3a. Date of Last Report 1996

4. FEI Number 59-3278502 — 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 unemployment tax under s. 443.036 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
61 Name: Robert C. Barlow
62 Street Address (P.O. Box Number is Not Acceptable): 1345 Hill Dr.
63
64 City: Largo FL 65 Zip Code: 33770

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 required in typed name of registered agent and title of officer) (NOTE: Registered Agent signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE: P	☒ Change ☐ Addition
		12 NAME: Robert C. Barlow	
		13 STREET ADDRESS: 1345 Hill Dr.	
		14 CITY-ST-ZIP: Largo, FL 33770	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

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-09/29/97--01188--008
****165.00 ****165.00

CR2E034 (9/96)

9/29/26

14. I (we) hereby certify that the information supplied with this report 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 above, or on an attachment with an asterisk.

SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)