

FILE NOW: FILING FEE AFTER MAY 1 IS \$225 00

PROFIT CORPORATION ANNUAL REPORT 1996-1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001533 (5)

1. Corporation Name

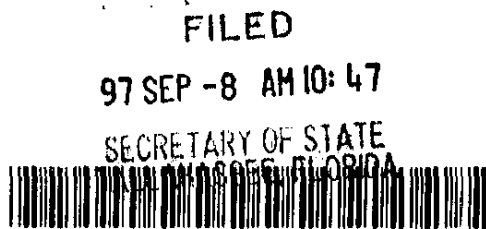
TODD'S SPRAY SERVICE, INC.

Principal Place of Business

3119 INDIANOLA RD.
ST. CLOUD FL 34769

Mailing Address

3119 INDIANOLA RD.
ST. CLOUD FL 34769



REINSTATEMENT 96-97

2. Principal Place of Business 21 318 E. Dakein Suite, Apt. #, etc. 22 Apt 8 City & State 23 Kissimmee, FL Zip 24 34741	2a. Mailing Address 26 318 E. Dakein Suite, Apt. #, etc. 27 Apt 8 City & State 28 Kissimmee, FL Zip 29 34741	3. Date Incorporated or Qualified 01/05/1995	3a. Date of Last Report	4. FEI Number 593293107	Applied for Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PETERS, TODD M
3119 INDIANOLA RD.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
318 E. Dakein, Apt 8
83
84 City
Kissimmee FL
85 Zip Code
34741

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: *Todd Peters* TODD PETERS DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME PETERS, TODD M		1.2 NAME	
STREET ADDRESS 3119 INDIANOLA RD.		1.3 STREET ADDRESS 318 E. Dakein, Apt 8	
CITY-ST-ZIP ST. CLOUD FL 34769		1.4 CITY-ST-ZIP Kissimmee, FL 34741	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(b), 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: *Todd Peters* TODD PETERS 3/17/97 407-931-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)