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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000056521

1. Corporation Name ~~SPRAYAWAY OF TAMPA BAY, INC.~~ (NAME CHANGE) AAA SPRAYAWAY OF TAMPA BAY, INC.



Principal Place of Business 20500 COT RD 428 LUTZ FL 33549 US Mailing Address PO BOX 578 20500 COT RD LAND O LAKES FL 34609 428 LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1995 4. FEI Number 59-3319228 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 owes the current year intangible Personal Property Tax Yes No

2. Principal Place of Business 2a. Mailing Address 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. City & State 26. Zip 27. Country 28. Zip 29. Country 30. Zip

9. Name and Address of Current Registered Agent SHUPARD, SHARON A 20500 COT ROAD #428 LUTZ FL 33549 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 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. 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 signature required when reappointing) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Name, Title, Street Address, City, State, Zip for Sharon A. Shupard and Edgar R. Shupard.

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, on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon A. Shupard 4-8-98 (813) 949-7007 58 6/1/99

CPFL 3034 (11/98)