## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600071463 (9)

ODOR BUSTERS, INC.

Principal Place of Business	
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Mailing Address

## FILED Jun 06 1997 8:00am Secretary of State



211 CLAUDE BRANDON ROAD ALACHUA FL 3261\$				211 CLAUDE BRANDON ROAD ALACHUA FL 32615												
									1 '	Date Incorporated 08/28/1996	or Qualified	<b>3a.</b> Da	te of L	ast Ro	port	
2. Principal Pi	lace of Business	2a. Mailing Address							FEI Number				Ap	olied For		
21				26						59 - 34	238	3 <i>0</i>	$\perp$		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certificate of Status	s Desired		•		dditional quired	
City & State				City & State					6.	Election Campaign Trust Fund Contribu	-	\$5.00 May Be Added to Fees				
Zip 24	25	Country	29	Zip			B. This corporation has liability for in pangible tax under s. 199.0     Florida Statutes									
- 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent																
	FIS, STANLEY					81	N	lame								
211 CLAUDE BRANDON ROAD ALACHUA FL 32815						82	S	treet Addre	ess (P	2.0. Box Number is I	Not Accepta	ble)				
Ne						83										
						84	С	ity				FL	85	Zip C	Code	
11. Pursuant t	to the provisions o	of Sections 607.0502 a	and I Flor	607.1508, Florida Statu rida Such change was	ites, the a	above above ad by	L e-na v thi	amed corporation	oration	n submits this stater poard of directors. I	ment for the phereby acce		chang ointme	ing its	registered registered	
agent. Lar	m familiar with, an	id accept the obligation	ons o	of, Section 607.0505, F	lorida Sta	itutes	S.	•			-					
SIĞNATURE	Stonature hand or exist	led name of registered agent a	and M	to denoticable (NO	TF: Henister	ed Age	anl s	gnature require	ed when	reinstation)		DATE				
12.		OFFICERS AND E			13.					ADDITIONS/CHANG	ES TO OFFI		DIRE	CTOR	S IN 12	
TITLE	D			☐ DELETE	11	111LF	•						Ch	ange	Addition	
NAME	GRIFFIS, STAI	NLEY JR			1.21	NAME										
STREET ADDRESS	211 CLAUDE		1.3 S			T ADDRESS										
CITY-ST-ZIP	ALACHUA FL	32615			1.41	OITY-S	31 - ZI	Р								
TITLE				DELETE	21	ITLE				1,5			Ch	ange	Addition	
NAME					221	IAME		ļ								
STREET ADDRESS					2.3	STREET	ADE	RESS								
CITY-ST-ZIP					2 4	CITY-S	ST - Z	IP :								
TITLE				DELETE	31	ITLE							Ch	ange	Addition	
NAME					3.21	AME										
STREET ADDRESS					3.3	STREET	ADE	RESS								
CITY-ST-ZIP					3.4.	CITY-S	S1 - Z	IP .								
TITLE				☐ DELETE	4.1	IILE							Ch	ange	Addition	
NAME					4.2	NAME					, ,	\ \				
STREET ADDRESS					4.3	STREET	ADE	RESS			0/1	9 V)				
CITY-ST-ZIP					4.4	DITY-S	31 - ZI	Р			11	7 1				
TITLE	-			☐ DELETE	5.1	ITLE					V	0,	☐ Ch	ange	Addition	
NAME					5.21	AME						$\rho$				
STREET ADDRESS					5.3	STREET	ADE	RESS				V				
CITY-ST-ZIP					5.4	DITY-S	31-71	Р								
TITLE				☐ DELETE	6.1	ITLE							☐ Ch	-	Addition	
NAME					6.23	NAME				00000	1219	3541	SO		ŀ	
STREET ADDRESS			6.3 STF			I ADDRESS			-05/30/3	97Ö1Ö	030	12				
CITY-ST-ZIP					6.4	OHY-S	31- <i>2</i> 0	P		***660.0	10					

14. I do 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 an authority with an additional statutes.

Washington .

(001) 1110 Dayle