

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000041513 (7)

1. Corporation Name  
WINTER PARK SPRAY, INC.

Principal Place of Business

1548 CHILEAN LN.  
WINTER PARK FL 32792

Mailing Address

1548 CHILEAN LN.  
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business                                |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 1548 CHILEAN LN.   |  | 26 P.O. Box 253        |  | 05/05/1997  |  |
| 22 Suite, Apt. #, etc.  |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23 WINTER PARK FL.  |  | 28 GOLDENROD FL        |  | 59-3449016  |  |
| 24 32792  |  | 29 32733               |  | 5. Certificate of Status Desired  |  |
| 25 SEMINOLE   |  | 30 ORANGE              |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
| 9. Name and Address of Current Registered Agent               |  |                        |  | 10. Name and Address of New Registered Agent  |  |
| SEXTON, GORDON L.<br>1548 CHILEAN LN.<br>WINTER PARK FL 32792 |  |                        |  | 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. 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

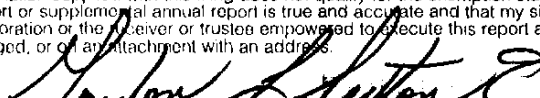
(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                                  |   |  |
|----------------------------|----------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PRESIDENT                        | 1.1 TITLE   |  |
| NAME                       | GORDON L. SEXTON                 | 1.2 NAME  |  |
| STREET ADDRESS             | 1548 CHILEAN LN. WINTER PARK FL. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | 32792                            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VICE PRESIDENT                   | 2.1 TITLE   |  |
| NAME                       | GORDON L. SEXTON II              | 2.2 NAME  |  |
| STREET ADDRESS             | 12225 CORAL REEF DR.             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL. 32826                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SECRETARY                        | 3.1 TITLE   |  |
| NAME                       | ERNESTINE L. SEXTON              | 3.2 NAME  |  |
| STREET ADDRESS             | 1548 CHILEAN LN                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER PARK FL. 32792            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 4.1 TITLE   |  |
| NAME                       |                                  | 4.2 NAME  |  |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 5.1 TITLE   |  |
| NAME                       |                                  | 5.2 NAME  |  |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 6.1 TITLE   |  |
| NAME                       |                                  | 6.2 NAME  |  |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |  |

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, or on an attachment with an address.

SIGNATURE:



3-24-98

407-121-3777

CR2E034 (10/97)