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Mar 22, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000061735

1. Corporation Name  
EMERALD SPRAY SERVICE, INC.

Principal Place of Business  
2826 FORESTBROOK DR. N.  
LAKELAND FL 33811

Mailing Address  
2826 FORESTBROOK DR. N.  
LAKELAND FL 33811



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

4. FEI Number

59-3458679

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 640 Creative Dr.

26 P.O. Box 681

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Lakeland, FL

27 Lakeland, FL

City & State

City & State

23 33813 POLK

28 33807

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEKERS, ALLEN J  
2826 FORESTBROOK DR. N.  
LAKELAND FL 33811

81 Name CHAD A. Smith  
82 Street Address (P.O. Box Number is Not Acceptable)  
2710 French Av.  
83  
84 City Lakeland FL 85 Zip Code 33807

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 CHAD A. Smith V  
Signature, typed or printed name of registered agent and title if applicable.

Chad A. Smith  
(NOTE: Registered Agent signature required when reinstating)

3/16/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME REEKERS, ALLEN J  
STREET ADDRESS 2826 FORESTBROOK DR. N.  
CITY-ST-ZIP LAKELAND FL 33811

1.1 TITLE  
1.2 NAME CHAD A. Smith  
1.3 STREET ADDRESS 2710 French Av.  
1.4 CITY-ST-ZIP Lakeland, FL 33807

TITLE D  
NAME REEKERS, KAREN K  
STREET ADDRESS 2826 FORESTBROOK DR. N.  
CITY-ST-ZIP LAKELAND FL 33811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Chad A. Smith CHAD A. Smith 3/16/99 644-8809  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #