

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathran
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:56

DOCUMENT # **V02930** (8)

1. Corporation Name
MAGNUM SPRAY EQUIPMENT, INC.

Principal Place of Business Mailing Address
11701 - 56TH COURT CLEARWATER FL 34620 **11701 - 56TH COURT CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **01/21/1994**

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

4. FEI Number **59-3105168** Applied For Not Applicable
5. Certificate of Status Desired **\$9.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HEDGER, PETER
11701 - 56TH COURT
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HEDGER, JAMES E., SR.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HEDGER, JAMES E., JR.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HEDGER, JOSEPH P.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HEDGER, PETER G.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HEDGER, JOHN C.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HEDGER, THOMAS A.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Peter G. Hedger** 1/11/95 813-573-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR