## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02930

Entity Name: MAGNUM SPRAY EQUIPMENT, INC.

**Current Principal Place of Business:** 

SUITE 350

KNOXVILLE, TN 37922

**Current Mailing Address:** 

2030 FALLING WATERS ROAD

2030 FALLING WATERS ROAD

SUITE 350

KNOXVILLE, TN 37922 US

FEI Number: 59-3105168 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEDGER, PETER 146 DUNBAR AVE SUITE A OLDSMAR, FL 34677 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER HEDGER 04/17/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, VP Title DIRECTOR, CFO HEDGER, JOSEPH P HEDGER, PETER G Name Name

146 DUNBAR AVE 2030 FALLING WATERS ROAD Address Address

SUITE 350 SUITE A

City-State-Zip: OLDSMAR FL 34677 City-State-Zip: KNOXVILLE TN 37922

Title **SECRETARY** Title DIRECTOR, VP

Name CIESIELSKI, VIRGININA Name CIESIELSKI, STEPHEN E Address 320 N MAIN STREET Address 320 N MAIN STREET

City-State-Zip: GOSHEN IN 46528 City-State-Zip: GOSHEN IN 46528

Title **PRESIDENT** 

PELLERIN, GERRY Name 146 DUNBAR AVE Address

SUITE A

City-State-Zip: OLDSMAR FL 34677

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER HEDGER Electronic Signature of Signing Officer/Director Detail DIRECTOR

04/17/2018

**FILED** Apr 17, 2018

**Secretary of State** 

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