

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02930 (8)
 1. Corporation Name
MAGNUM SPRAY EQUIPMENT, INC.



Principal Place of Business 11701 - 56TH COURT CLEARWATER FL 34620	Mailing Address 11701 - 56TH COURT CLEARWATER FL 34620-4815
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3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 59-3105168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HEDGER, JAMES E., SR.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEDGER, JAMES E., JR.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEDGER, JOSEPH P.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEDGER, PETER G.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEDGER, JOHN C.
STREET ADDRESS	11701-56TH CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
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 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.

CR2E034 (9/96)