

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

FILED
May 08 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 # M52954 (8)

1. Corporation Name
BUGMAN PEST CONTROL, INC.



Principal Place of Business 1835 MEARS PARKWAY MARGATE FL 33063-3750	Mailing Address 1835 MEARS PARKWAY MARGATE FL 33063-3750
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3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2823242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2521 NE 15 ST. Suite, Apt. #, etc.	2a. Mailing Address 26 2521 NE 15 ST. Suite, Apt. #, etc.
22 City & State 23 POMPANO BEACH FL.	27 City & State 28 POMPANO BEACH FL.
24 33062 Zip 25 BROWARD Country	29 33062 Zip 30 BROWARD Country

9. Name and Address of Current Registered Agent

BOKUS, WILLIAM S.
1835 MEARS PARKWAY
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
BOKUS, WILLIAM S.

82 Street Address (P.O. Box Number is Not Acceptable)
2521 NE 15 ST.

83

84 City
POMPANO BEACH FL

85 Zip Code
33062

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 *William S. Bokus* **WILLIAM S. BOKUS CPD** DATE **4-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CPD	<input type="checkbox"/> DELETE	1.1 TITLE D
NAME BOKUS, WILLIAM S.		1.2 NAME PATRICIA BIRKHIMER
STREET ADDRESS 1835 MEARS PARKWAY		1.3 STREET ADDRESS 2521 NE 15 ST
CITY-ST-ZIP MARGATE FL		1.4 CITY-ST-ZIP POMPANO BEACH FL 33062
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME BIRKHIMER, KENNETH		2.2 NAME
STREET ADDRESS 1835 MEARS PARKWAY		2.3 STREET ADDRESS
CITY-ST-ZIP MARGATE FL		2.4 CITY-ST-ZIP
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME BIRKHIMER, GARY		3.2 NAME
STREET ADDRESS 1835 MEARS PARKWAY		3.3 STREET ADDRESS
CITY-ST-ZIP MARGATE FL		3.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME BIRKHIMER, MICHAEL		4.2 NAME
STREET ADDRESS 1835 MEARS PARKWAY		4.3 STREET ADDRESS
CITY-ST-ZIP MARGATE FL		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: *William S. Bokus* **WILLIAM S. BOKUS CPD** DATE **4-23-97** DAYTIME PHONE # **781-2291**

CR2E034 (9/96)