

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

**APPROVED AND FILED**

95 MAR -1 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000077364 (6)**  
 1. Corporation Name  
**A-1 BUG BUSTERS OF SOUTH FLORIDA, INC.**

Principal Place of Business: 1433 NW 10 ST #2 DANIA FL 33004  
 Mailing Address: 1433 NW 10 ST #2 DANIA FL 33004

*New Address*  
 2. Principal Place of Business: 21 1429 NW 10 ST DANIA FLA 33004  
 2a. Mailing Address: 26 1429 NW 10 ST DANIA FLA 33004

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 11/03/1993  
 3a. Date of Last Report: 04/05/1994  
 4. FEI Number: 65-0450859  
 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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: PHILLIPS, BRAD M 1433 NW 10 ST #2 DANIA FL 33004  
 10. Name and Address of New Registered Agent: 81 Name: PHILLIPS BRAD M. 82 Street Address: 1429 NW 10 ST 83 84 City: DANIA FL 85 Zip Code: 33004

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: Brad M. Phillips (Signature, typed or printed name of registered agent and fee) Brad M. Phillips (NOTE: Registered Agent signature required when registering) 2/24/95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, BRAD M
STREET ADDRESS	1433 NW 10 ST #2 - 1429 NW 10 ST
CITY-ST-ZIP	DANIA FL 33004
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	

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 110.07(2)(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. 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: Brad M. Phillips (Signature, typed or printed name of signing officer or director) BRAD M. Phillips 2/24/95 971-3941 (Date) (Telephone No.)