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**BOB CRAWFORD, Commissioner**  
**Florida Department of Agriculture**  
**and Consumer Services**

3125 Conner Blvd.

Tallahassee, FL 32399-1650

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

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**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Examiner's Initials

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**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE**

**PART I**

1. Name and business address of nonresident:

Robert H. Nettles

5630 Laura Walker Rd.

Waycross, Georgia 31503

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, FL. \_\_\_\_\_

*Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.*

Registered Agent's signature: \_\_\_\_\_

3. I, Robert Nettles, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: *Robert Nettles*

**PART II**

*I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.*

Nonresident's signature: *Robert Nettles*

Date: 12-11-00

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TALLAHASSEE, FLORIDA

*BB*

FEES: \$35.00	- REGISTERED AGENT DESIGNATION FEE (REQUIRED)
\$52.50	CERTIFIED COPY FEE (REQUIRED)
\$87.50	TOTAL DUE
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)	

SUBMIT DOCUMENT AND CHECK TO:  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

**NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.**