SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

AND AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE 98 DEC -2 AM 9:30 CORPORATION. Sandra B. Morthim ANNUAL REPORT SECRETARY OF STATE TALLAHASSEE, FLORIDA Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V47152_ 1. Corporation Name (6) BUG-GUARD SERVICES OF FLAGLER COUNTY, INC. 100002705141---12/07/98--01149--028 Principal Place of Business Mailing Address 25 UTILITY DR. 25 UTILITY DR. ****558.75 ****558.75 SUITE A #3 DO NOT WRITE IN THIS SPACE PALM COAST, FL 32137 PALM COAST, FL 32137 3. Date Incorporated or Qualified US 6/26/1992 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3132642 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible XYes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATZ, B. PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS RD. NORTH 83 SUITE B PALM COAST, FL 32137 84 City 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 Fiorida. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE ☐ Change Addition 1.1 TITLE TITLE STOVER, SYLVIA A. 1.2 NAME NAME 25 UTILITY DR. 1.3 STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. ☐ Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2, 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 TITLE Addition TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

> 62 NAME 6 3 STREET ADDRESS

14. I hereby certily 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 of 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 Plack 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

113098

APPHOVEL:

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