

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96305

**Entity Name:** ENTOCON, INC.

**Current Principal Place of Business:**

917 WEST MAIN STREET  
AVON PARK, FL 33825

**Current Mailing Address:**

PO BOX 399  
AVON PARK, FL 33826 US

**FEI Number:** 65-0009556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REMICK, DEAN PD  
917 WEST MAIN STREET  
AVON PARK, FL 33826 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name REMICK, DEAN  
Address 917 WEST MAIN STREET  
City-State-Zip: AVON PARK FL 33825

Title VP  
Name REMICK, ROBERT D  
Address 917 WEST MAIN STREET  
City-State-Zip: AVON PARK FL 33825

Title VP  
Name REMICK, JONATHAN  
Address 917 WEST MAIN STREET  
City-State-Zip: AVON PARK FL 33825

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEAN REMICK

PD

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date