FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **670672** **(5)**

1. Current Name
INTRACOASTAL PEST CONTROL, INC.

Principal Place of Business	Mailing Address
10026 SPANISH ISLES BLVD. #28 BOCA RATON FL 33498	10026 SPANISH ISLES BLVD. #28 BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1980	07/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 County 25	Zip 29 County 30

4. FEI Number: 59-1992800 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
MALONE, MICHAEL BLAIR 18326 102 WAY S. BOCA RATON FL 33498	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DP	01 TITLE	☐ Change ☐ Addition
02 NAME	MALONE, MICHAEL	02 NAME	
03 STREET ADDRESS	18326 102 WAY S.	03 STREET ADDRESS	
04 CITY ST ZIP	BOCA RATON FL	04 CITY ST ZIP	
11 TITLE	DS	11 TITLE	☐ Change ☐ Addition
12 NAME	MALONE, NURIA LYNNE	12 NAME	
13 STREET ADDRESS	18326 102 WAY S.	13 STREET ADDRESS	
14 CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this original 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 above, or on an attachment with an address.

SIGNATURE: Lynne Malone 4-28-95 407 452 6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0281030 CP