## **PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Katherine Harris. 😸

Secretary of Stale DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90222 036 \*\*\*150.00

**FILED** 

1999 DOCUMENT # 670679

1. Corporation INTRACC	ASTAL PEST CONTROL, IN	NC.		
Principal Place	of Business	Mailing Address		s 186019 drill rank abile all lives and all
10026 SPANISH	ISLES BLVD.	10026 SPANISH ISLES BLVD.		
#28		#28		DO NOT WRITE IN THIS SPACE
BOCA RATON F	L 33498	BOCA RATON FL 33498		3. Date Incorporated or Qualifed
Ī				05/20/1980
2 Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	300 0. 200000	26		59-1992800 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		
City & State	<del>)</del>	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intensible
24	25	29 30	0	Personal Property Tax.  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81 Name:	ina i I Ola Malina
MAIA	ONE, MICHAEL BLAIR			MILL NACI WIAIR MIANON
9493 SADDLERROOK DR		82 Street	Address (P.O. Box Number is Not Acceptable) BOCA GARGE WS PARKWAY	
BOCA RATON FL 33496			83	+ 4
			0	/ MU D
			84 City 2	BOCA RATON FL 85 ZIP COOLS
44 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named	d corporation submits this statement for the purpose of changing its registered corration's board of directors. I hereby accept the appointment as registered
office or n	egistered agent, or both in the State	of Fjorida, Such change was auth	norized by the corporate that the corporate controls are controls.	poration's board of directors. I hereby accept the appointment as registered
agent. i ai	m ramiliar signs, and accept the propriet	ions of capital og .coob, mone		. 2 26 16
	- // // <i>////// // // // // // // // // //</i>	Malan		30/1/
SIGNATURE	Signature, typed or printed name of registered ager	I I WOLKEN		required when reinstating) DATE
SIGNATURE		n and the Mapplicable. INOTE: Ro	egistered Agent signeture r	required when reinfatting)  DATE  ADDITIONS (CHANCES TO DESIGERS AND DIRECTORS IN 12
	ÖFFICERS AN	n and title if applicable. [NOTE Re	egrisered Agent signeture r 13. 1.1 TITLE	required when reinfatting)  DATE  ADDITIONS (CHANCES TO DESIGERS AND DIRECTORS IN 12
12.	OFFICERS AND DP MALONE, MICHAEL	n and the Mapplicable. INOTE: Ro	13. 1.1 TITLE 12 NAME	required when reinfatting)  DATE  ADDITIONS (CHANCES TO DESIGERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND DP MALONE, MICHAEL 9493 SADDLEBROOK DR BOCA RATON FL	nt and tide if applicable. (NOTE: RID DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DP  MICHAEL BLAIR MALONE  9280 BOCA GARDENS MARKEY UNIT B  RY A RATION PLA 33496
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DP MALONE, MICHAEL 9493 SADDLEBROOK DR BOCA RATON FL DS	n and the Mapplicable. INOTE: Ro	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DP Horange Addition  Michael Bland Malone Unit B  12 220 BOEA GARDENS MAKEN UNIT B
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14. I hereby certify 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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, on an attackment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP