

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90027 025 \*\*\*150.00

DOCUMENT # **F96000000780**

1. Corporation Name

**INSECTA SALES AND RESEARCH, INC.**

Principal Place of Business

3601 N.E. 5TH AVE.  
OAKLAND PARK FL 33334

Mailing Address

3601 N.E. 5TH AVE.  
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1996**

4. FEI Number

**65-0645502**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHEPARD. JONATHAN L**  
**5355 TOWN CENTER ROAD**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE  
NAME **JOHNSON, HUGH**  
STREET ADDRESS **3601 N.E. 5TH AVE.**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **SB PD** ☐ DELETE  
NAME **QUINLAN, PAT**  
STREET ADDRESS **3601 NE 5TH AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **PD** ☒ DELETE  
NAME **GRUMMER, DONALD**  
STREET ADDRESS **3601 N.E. 5TH AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: **PAT QUINLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/99 (450) 266-7143**

CR2E034 (5/99)

0067420

F96000000780  
596688-90027-25

## INSECTA SALES & RESEARCH, INC.

3601 NE 5TH AVENUE, OAKLAND PARK, FL 33334-2214

Tel. & Fax: (450) 266-7143

July 21, 1999

Florida Dept. of State  
Div. of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Madam/Sir:

We recently received the "Corporation Annual Report" form stamped "2<sup>nd</sup> Request" which assessed us the normal \$150.00 plus a fine of \$400.00 for late filing.

We have discussed this with our personnel and reviewed all of our files and we are certain that we never received the initial and first request.

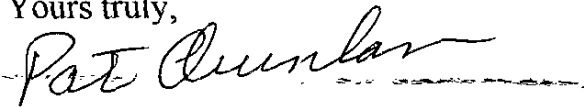
We feel that it is inappropriate for you to assess us the \$400.00 fine.

Enclosed, please find the completed and signed Annual Report accompanied by a check for \$150.00 to cover the initial amount.

Kindly cancel the \$400.00 fine.

Thanking you in advance, we remain.

Yours truly,



Pat Quinlan  
President