FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G95499** **(1)**

1. Corporation Name
BROGAN PEST CONTROL, INC.

Principal Place of Business	Mailing Address
411 N.E. FPL DRIVE PORT ST. LUCIE FL 34952	411 N.E. FPL DRIVE PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: **04/09/1984**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-2390086** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 85-7534
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PORT ST. LUCIE, FL
Zip 24 34986 Country 25	Zip 29 34985-7534 Country 30 ST. LUCIE

9. Name and Address of Current Registered Agent

BROGAN, JOHN D
411 N.E. FPL DRIVE
PORT ST. LUCIE FL 34986

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 (Required) (Date) (FAX #)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	☐ Change ☐ Addition
NAME	BROGAN, JOHN D.		ADDRESS CHANGE
STREET ADDRESS	2741 S.E. CARTHAGE ROAD		BROGAN, JOHN D.
CITY-ST-ZIP	PORT ST. LUCIE FL		4175 SE ST. LUCIE BLVD.
			STUART, FLORIDA 34997
TITLE	D	☐ DELETE	☐ Change ☐ Addition
NAME	BROGAN, BARBARA A.		ADDRESS CHANGE
STREET ADDRESS	2741 S.E. CARTHAGE ROAD		BROGAN, BARBARA A.
CITY-ST-ZIP	PORT ST. LUCIE FL		4175 SE ST. LUCIE BLVD
			STUART, FLORIDA 34997
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] JOHN D. BROGAN 2-22-96 - 1-407-878-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #