FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81231

(3)

Mailing Address

BUG SQUAD, INC.

Principal Place of Business

SIGNATURE:

FILED
Apr 01 1997 8:00am
Secretary of State

C/O LARRY VUNCANNON 1907 TULIP LANE WEST PALM BEACH FL 33414		C/O LARRY VUNCANNON 1907 TULIP LANE WEST PALM BEACH FL 33414-8671			Date incorporated or Qualified 3a. Date of	Last Report
					10/16/1985 05/01/1	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2589035	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				8.75 Additional Fee Required
City & State	0	City & State				5.00 May Be Added to Fees
Žip	Country	Zip	Cour	try	8. This corporation has liability for intangible tax	
24	25 g. Name and Address of Curren	, l , . l	30		Florida Statutes Yes W No. 10. Name and Address of New Registered Agen	
\/I ik		Hohiereten Waltr		Name	10, mante alla contrata di mon regionale a cigni	``
VUNUANTON, LANDI						
WEST PALM BEACH FL 33414				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			-	34 City	P. 85	Zip Code
	0.707.00	2 - 1007 1500 50 11 000			FL B	naina ita saniatasad
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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	rigoni signatoro i	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
101.6	PD	☐ DELETE	1.1 T(1)	E		Change Addition
NAME	VUNCANNON, LARRY		12 NAI	AE		
STREET ADDRESS	1907 TULIP LANE		1.3 STF	EET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL		1.4 C/T	r-ST-ZiP		
TITLE		☐ DELETE	2 1 TITLE			Change
NAME			2.2 NA	AE .	`,	
STREET ADDRESS			2.3 STF	eet address		
CMY+S1+ZIP		Determ	_	Y-ST-ZIP		Change Addition
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CHY-ST-70			5.4 CIT	Y-ST-71P		
TITLE		DELETE	6.1 TIT	.£		Change 🗌 Addition
NAME			6.2 NA	ME ,		
STREET ADDRESS			6.3 ST	EET ADDRESS		1
CITY ST-ZIP				Y+ST-ZIP	440.000000	stf . 45 - 2 51
14. I do 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.						