

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J92811

(5)

1. Corporation Name

CASS PEST CONTROL, INC.



Principal Place of Business

3951 NW 5 ST
COCONUT CREEK FL 33066

Mailing Address

3951 NW 5 ST
COCONUT CREEK FL 33066

3. Date Incorporated or Qualified
09/14/1987

3a. Date of Last Report
04/18/1995

4. FEI Number
65-0008887

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

STEGE, ROBERT B
3350 E ATLANTIC BLVD
SUITE 300
POMPANO BEACH FL 33062

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 607.09(2) and 607.15(2), Florida Statutes, the above named corporation's Board has 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 607.09(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.02(6)(a), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 business empowere. I do so under this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 305-874-8589

CR2E034 (12/95)