


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

0517021

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90162 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K13212

1. Corporation Name
CUSTOM HERBICIDE APPLICATORS, INC.



Principal Place of Business % PARKER A. DAVIS 32801 HWY 441 N #229 OKEECHOBEE FL 34972	Mailing Address % PARKER A. DAVIS 32801 HWY 441 N #229 OKEECHOBEE FL 34972
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15901 Orange Avenue Suite, Apt. #, etc. 22 City & State 23 Ft. Pierce, FL 34945 Zip Country 24 25	2a. Mailing Address 26 15901 Orange Avenue Suite, Apt. #, etc. 27 City & State 28 Ft. Pierce, FL 34945 Zip Country 29 30
---	--

3. Date Incorporated or Qualified 01/22/1988	4. FEI Number 65-0025464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DAVIS, PARKER A. 32801 HWY 441 N #229 OKEECHOBEE FL 34972	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15901 Orange Avenue 83 84 City Ft. Pierce, FL 34945 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PARKER A.	1.2 NAME	
STREET ADDRESS	32801 HWY 441 N #229	1.3 STREET ADDRESS	15901 Orange Avenue
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, BRYAN	2.2 NAME	
STREET ADDRESS	495 TROWBRIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, COLLEEN	3.2 NAME	
STREET ADDRESS	32801 HWY 441 N #229	3.3 STREET ADDRESS	15901 Orange Avenue
CITY-ST-ZIP	OKEECHOBEE FL 34972	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Parker A. Davis* President *3-9-99* (561) 465-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)