COF	E NOW: FILING PROFIT RPORATION JAL REPORT	FEE AFTE	FLORIDA DEPI Sandra		OF STATE					
	1996 <u>`</u>	TO THE PARTY OF TH	DIVISION OF	CORPOR	RATIONS					
DOCUI	MENT # K9	2347	(9)							
	' PEST CONTROL, IN	C.	` '							
1111011	TEOT CONTINUE, IN	.								
Principal Place	of Business	Mailin	g Address	• • • • • • • • • • • • • • • • • • • •						
C/O JOYCE EILEEN RUBIN 600 NW 76TH AVE. PLANTATION FL 33324			C/O JOYCE EILEEN RUBIN 600 NW 76TH AVE. PLANTATION FL 33324							
		· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Q 06/01/1989	ualified		of Last R 4/21/19	
	ace of Business N.W. 16 ^{+k} S	1 2a. M. 26 26	ailing Address			4. FEI Number 65-0127533			├ ─ ├	Applied For
Suite, Apt.		Sı	uite, Apt. #, etc.			Certificate of Status De	sired		\$8.75	Not Applicable Additional
City & State			ty & State		·	6. Election Campaign Fina	ncing			Required May Be
<u>3 Cavd</u> Zip	erhill Flori Country	28 Zig		Col	ıntry	Trust Fund Contribution	·	ntonoible to	Adde	d to Fees
^{Zip} 333 ∤	1 25 Brown	29		30	·····	8. This corporation has lia Florida Statutes	Yes	□No		199.032,
·	g. Name and Address of	Current Hegister	ed Agent		81 Name	10. Name and Address o	f New R	egistered a	Agent	
	JOYCE EILEEN				82 Street Add	dress (P.O. Box Number is Not A	cceptabl	(e)		
	/ 76TH AVE. ITION FL 33324				83					
CANTA	(110N 1 C 30324								**************************************	 ;
					B4 City			Fi	85 Zg	o Code
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Or register	o the provisions of Sections 60 ed agent, or both, in the State	07.0502 and 607.15 of Florida. Such ch	508, Florida Statute ango was authoriza	es, the abo	LI ove-named corpo corporation's bo	pration submits this statement fo and of directors. I hereby accept	r the purp the appo	pose of cha intment as	inging its r registered	egistered office agent. I am
SIGNATURE	in, and decept the bengations	oi, 360tion 607.030	o, rionua statutes	es, the abo ed by the	L I ove-named corporation's boo	pration submits this statement fo and of directors. I hereby accept	r the purp the appo	pose of cha pintment as	I I Inging its r registered	egistered office agent. I am
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SIGNATURE _ 12. HILE	Signature, typed or printed name of registro OFFICE D RUBIN, JOYCE EILEEN	ered agent and title if applic	ane (NO	TE: Registered	Agent signature requir	red when reinstating)		DATE CERS AND	DIRECTO	RS IN 12
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Doyce Eileen Rubin 4-22-96 954-472-3082

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