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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M52954 (8)

1. Corporation Name
BUGMAN PEST CONTROL, INC.

Principal Place of Business
1835 MEARS PARKWAY
MARGATE FL 33063-3750

Mailing Address
1835 MEARS PARKWAY
MARGATE FL 33063-3750



2. Principal Place of Business
21 2521 NE 15 ST.
Suite, Apt. #, etc.
22 City & State
23 POMPANO BEACH FL.
Zip
24 33062 Country
25 BROWARD
26 2521 NE 15 ST.
Suite, Apt. #, etc.
27 City & State
28 POMPANO BEACH FL.
Zip
29 33062 Country
30 BROWARD

3. Date Incorporated or Qualified
06/01/1987
3a. Date of Last Report
05/01/1996
4. FEI Number
59-2823242
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

9. Name and Address of Current Registered Agent

BOKUS, WILLIAM S.
1835 MEARS PARKWAY
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
BOKUS, WILLIAM S.
82 Street Address (P.O. Box Number is Not Acceptable)
2521 NE 15 ST.
83
84 City
POMPANO BEACH FL
85 Zip Code
33062

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 *William S. Bokus* WILLIAM S. BOKUS CPD
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating)

DATE
4-23-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CPD	BOKUS, WILLIAM S.	1835 MEARS PARKWAY	MARGATE FL	<input type="checkbox"/>
D	BIRKHIMER, KENNETH	1835 MEARS PARKWAY	MARGATE FL	<input checked="" type="checkbox"/>
VSD	BIRKHIMER, GARY	1835 MEARS PARKWAY	MARGATE FL	<input type="checkbox"/>
D	BIRKHIMER, MICHAEL	1835 MEARS PARKWAY	MARGATE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	PATRICIA BIRKHIMER	2521 NE 15 ST	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *William S. Bokus* WILLIAM S. BOKUS CPD 4-23-97 781-2291
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0146718

CR2E034 (9/96)