

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # M52954 (8)

1. Corporation Name

BUGMAN PEST CONTROL, INC.



Principal Place of Business

2521 NE 15TH ST.
POMPANO BEACH FL 33062
US

Mailing Address

2521 NE 15TH ST.
POMPANO BEACH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1987

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 1778

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

POMPANO BEACH FL.

33061

U.S.A.

9. Name and Address of Current Registered Agent

BOKUS, WILLIAM S.
2521 NE 15TH ST.
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

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 607.0502 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME BOKUS, WILLIAM S.
STREET ADDRESS 1835 MEARS PARKWAY
CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME BIRKHIMER, PATRICIA
STREET ADDRESS 2521 NE 15TH ST.
CITY-ST-ZIP POMPANO BEACH FL

TITLE VSD ☐ DELETE

NAME BIRKHIMER, GARY
STREET ADDRESS 1835 MEARS PARKWAY
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P 1/7/0 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2521 NE 15 ST.
POMPANO BEACH FL 33062

2.1 TITLE S/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2521 NE 15 ST.
POMPANO BEACH FL 33062

3.1 TITLE VJM ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2521 NE 15 ST.
POMPANO BEACH FL 33062

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

WILLIAM BOKUS

4-27-98 (am) 784-8844

CR2E034 (10/97)