FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF COPPORATIONS 19964 M70823 DOCUMENT # 1. Corporation Name GOLD-BUG EXTERMINATORS, LTD. INC. Mailing Address Principal Place of Business % GOLBERG. HOWARD S. 7625 S.W 18 ST. 7625 SW. 18TH ST. 7625 SW 18TH ST. MIAMI FL 33155-1521 3a. Date of Last Report MIAMI FL 33155 3. Date Incorporated or Qualified U\$ 02/29/1988 04/26/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0028956 26 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zιο ₹Yes □No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GOLDBERG, HOWARD S. 82 7625 SW 18TH ST. 83 MIAMI FL 33155 City 85 Zip Code 64 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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstanny) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ■ Addition Change DELETE 1. 1 TITLE TITLE CR2E034 1.2 NAME GOLDBERG, HOWARD S. NAME 1.3 STREET ADDRESS 7625 SW 18TH ST. STREET ADDRESS MIAMI FL 14 C(TY-ST-ZIP CITY - S1 - ZIP Change ☐ Addition DELETE 2 1 TITLE TILLE GOLDBERG, HOWARD \$ 22 NAME NAME 7625 SW 18 ST 23 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5 1 TITLE 1ULE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - 7IP CITY-S1-ZIF Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under coath; 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. 6 4 CITY - S1 - ZIP

(12/95)