## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Custon



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

1996

DOCUMENT # P92000012031 (0)

BUNNY & BILL'S PEST CONTROL, INC.								
Principal Place of Business		Mailing Address				# <b>             </b>		
1111 NEOGA STREET JUPITER FL 33458		1111 NEOGA STREET JUPITER FL 33458						
					3. Date Incorporated or Qualified 12/15/1992	II	e of Last	
1	lace of Business	2a. Mailing Address	<del></del>	·	4. FEI Number		1/24/19	Applied For
Suite, Ant.	4 -4-	26			65-0375430		$\vdash$	Not Applicable
June, Age.	ff, EtC.	Suite, Apt. #, etc	c.		5. Certificate of Status Desired		\$8.7	5 Additional
L City & Stat	e	City & State					Fee	Required
]		28			Election Campaign Financing     Trust Fund Contribution			<b>)0</b> May Be
Zφ	Country	Zip	Country		This corporation has liability for		Add	ed to Fees
l	25	29	30			rintangibie ta s ∐No	ex under s	199.032,
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New	Registered .	Agent	
MODON	ALD SIADDIIALL III		81 N	ame				
	ald, marshall III Tura street		82 St	reet Addres	s (P.O. Box Number is Not Accepta	ble)		
SUITE 1			83					
	ALM BEACH FL 33401		63					
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1. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida St	atutes, the above name		on submits this statement for the or		nging ito	ropistand off.
<ol> <li>Fursuant for register familiar wi</li> </ol>	to the provisions of Sections 607.05 red agent, or both, in the State of Fi th, and accept the obligations of, Si	592 and 607.1508, Florida St lorida. Such change was auth ection 607.0505, Florida Stat	atutes, the above-name lorized by the corporati utes.		on submits this statement for the pu of directors. Thereby accept the app		inging its registered	registered offic d agent. I am
GNATHRE	uri, and accept the obligations of, Si	ection 607.0505, Florida Stat	atutes, the above-name lorized by the corporati utes.		on submits this statement for the pu of directors. I hereby accept the app		inging its registered	registered offic d agent. I am
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Weller Don WM. DONOLUE TER. 1-30-96 407.747.2090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR