FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000033503 (2)**

1. Corporation Name

BUG MAN PEST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1654 SE WALTON RD BAY C PORT ST LUCIE FL 34952 US	1654 SE WALTON RD BAY C PORT ST LUCIE FL 34952 US

3. Date Incorporated or Qualified: **05/10/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 1507 SE Connie St
22: Suite, Apt. #, etc.
23: City & State: Port St. Lucie, Fl
24: Zip: 34983 25: County: St. Lucie

2a. Mailing Address
26: 1507 SE Connie St.
27: Suite, Apt. #, etc.
28: City & State: Port St. Lucie, Fl
29: Zip: 34983 30: County: St. Lucie

4. FEI Number: **65-0409942** ☐ 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

LEBRON, ANGELA A.
112 SOUTH MANOR AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: LeBron, Angela A.
82 Street Address (P.O. Box Number is Not Acceptable): 1507 SE Connie St.
83:
84 City: Port St. Lucie FL 85 Zip Code: 34983

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEBRON, ANGELA A.		1.2 NAME		
STREET ADDRESS	112 SOUTH MANOR AVENUE		1.3 STREET ADDRESS	1507 SE Connie Street	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Port St. Lucie, Fl 34983	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRUICH RICHARD A		2.2 NAME		
STREET ADDRESS	1297 HUNNICUT AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME			3.2 NAME	Michael P. Burke	
STREET ADDRESS			3.3 STREET ADDRESS	117 S. Manor Ave	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Stuart, Fl 34994	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: Michael P. Burke 5-29-96 561-879-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)