

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90008 036 \*\*\*550.00

DOCUMENT # **P94000078138**

Corporation Name

**SEQUOIA FUMIGATION COMPANY**

Principal Place of Business

68 YACHT CLUB DRIVE  
SUITE 16  
NORTH PALM BEACH FL 33408

Mailing Address

68 YACHT CLUB DRIVE  
SUITE 16  
NORTH PALM BEACH FL 33408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0546632

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 the current year  
Intangible Personal Property.

☐

Yes No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

STUHR, KENNETH H  
68 YACHT CLUB DRIVE  
SUITE 16  
NORTH PALM BEACH FL 33408

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

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|------------------------|--|---|---|
| T-ADDRESS<br>T-ZIP     | S<br>STUHR, KENNETH H<br>68 YACHT CLUB DRIVE<br>NORTH PALM BEACH FL 33408<br><input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 1.2 NAME  |   |
|                        |  | 1.3 STREET ADDRESS                                    |   |
|                        |  | 1.4 CITY-ST-ZIP                                       |   |
| T-ADDRESS<br>T-ZIP     | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 2.2 NAME  |   |
|                        |  | 2.3 STREET ADDRESS                                    |   |
|                        |  | 2.4 CITY-ST-ZIP                                       |   |
| T-ADDRESS<br>T-ZIP     | <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 3.2 NAME  |   |
|                        |  | 3.3 STREET ADDRESS                                    |   |
|                        |  | 3.4 CITY-ST-ZIP                                       |   |
| T-ADDRESS<br>T-ZIP     | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 4.2 NAME  |   |
|                        |  | 4.3 STREET ADDRESS                                    |   |
|                        |  | 4.4 CITY-ST-ZIP                                       |   |
| T-ADDRESS<br>T-ZIP     | <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 5.2 NAME  |   |
|                        |  | 5.3 STREET ADDRESS                                    |   |
|                        |  | 5.4 CITY-ST-ZIP                                       |   |
| T-ADDRESS<br>T-ZIP     | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 6.2 NAME  |   |
|                        |  | 6.3 STREET ADDRESS                                    |   |
|                        |  | 6.4 CITY-ST-ZIP                                       |   |

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.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

*[Signature]* 9/30/99

CR2E034 (5/99)