|  | PROFIT<br>DRPORATION<br>NUAL REPORT<br>1996   | Sand<br>Sec   | PARTMENT OF STATE<br>ira 8 Mortham<br>retary of State<br>DF CORPORATIONS   |  |   |
|--|---|---|--|--|---|
| 1. Corpora<br>BUG  | MAN EXTERMINATORS I   | Mailing Address  105 BISHOP BLVD PERRY FL 32347                                     | 9)   |  |   |
|  | Place of Business   | 2a. Mailing Address   |  | 3. Date Incorporated or Qualific 10/26/1994 4. FEI Number  | 3a. Date of Last Report<br>07/24/1995   |
| 1  |   | 26  |  | 59-3273505   | Applied For   |
| Suite, Ap<br>2<br>City & Sta   |   | Stiffe, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| <b>3</b> Ζιρ   | Country   | City & State   28   | Country  | Election Campaign Financing     Trust Fund Contribution  | Added to Fees   |
| 4]   | 25<br>g. Name and Address of C  | 29  | 30]  | 8. This corporation has liability Florida Statutes 10. Name and Address of Nev   | or intangible tax under s 199 032,<br>res 🔲 No  |
| PERRY  | FL 32347  |   | 83   |  |   |
| Pursuant<br>or registe<br>familiar v   | to the provisions of Sections 607,<br>gred agent, or both, in the State of<br>rith, and accept the obligations of,  | Section 697.0505, Florida Statutes  | 84 City  | voration submits this statement for the poard of directors. I hereby accept the ap   | PL 85 Zip Code  Durpose of changing its registered office appointment as registered agent. I am   |
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SIGNATURE: Q SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR