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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000035945 (1)

1. Corporation Name COLER ENTOMOLOGICAL SERVICES, INC.



	Business		aling Address						
2405 NW 66TH CT. GAINESVILLE FL 32653-1633			2405 NW 66TH CT. Gainesville FL 32653-1633						
CHINEOTICLE						3. Date Incorporated or Qualified 05/02/1995	3a. [ate of Last Re	eport
		т	Moilwer Adensee			4. FEI Number			Applied For
2. Principal Place of Business		}ı	2a. Mailing Address						Vot Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2		27							
City & State		00	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May I Added to Fee	
3		28	Z _i p	Coun	itry	8. This corporation has liability fo	r intang b	le tax under s	199.032,
_ Zip	Country	29	2.11	30	,	Florida Statutes	es X X[Ni)	
4	9. Name and Address of Curre		stered Agent	1991 —		10. Name and Address of New	Registe	red Agent	
	9. Name and Address of Con-	ent neg.			81 Name				
				-	50	ress (P.O. Box Number is Not Accept	able)		
RAJCZI,	, KATHERINE				82 Street Addr	ress (F.O. Dox Hamiles to Her Fee			
2815 N	W 13TH ST., #301			ŀ	83				
GAINES	SVILLE FL 32609			Į.				05 7	ip Code
					84 City		1	┝╬┷┈┆	
				tan the object	vo. named corro	oration submits this statement for the pard of directors. I hereby accept the a	ourposé c	of changing its	registered offic
11. Pursuant to	the provisions of Sections 607.05	.02 and 6 ooda. Sud	07.1508, Horida Statu ·h chance was authori	tes, the and zed by the c	corporation's boa	ration submits this statement for the part of directors. Thereby accept the ap	ppointme	nt as registere	d agent. I am
or registered familiar with	d agent, or both, in the State of ric i, and accept the obligations of, Se	action 60	7.0505, Florida Statute	s				•	
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I do hereby certify that the information supplied with his reing is vountarily lumished and does not qualify to the exemplator satisfaction 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 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 certify that I am an officer or director of the cooperation of 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

REGINALD COLER 4/28/96 (352) 377-6211