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 # P95000076712

1. Corporation Name
BUG SMASHERS OF TAMPA BAY, INC. P95000076712

Principal Place of Business
29702 N. 68Th ST.
CLEARWATER, FL
34621-1613

Mailing Address
29702 N. 68Th St.
CLEARWATER, FL
34621-1613

3. Date Incorporated or Qualified: 10-06-1996
3a. Date of Last Report:

2. Principal Place of Business — 21: 29702 N. 68Th St.
Suite, Apt. #, etc. — 22:
City & State — 23: CLEARWATER, FL
Zip — 24: 34621-1613 Country — 25: PINELLAS

2a. Mailing Address — 26: 29702 N. 68Th St.
Suite, Apt. #, etc. — 27:
City & State — 28: CLEARWATER, FL
Zip — 29: 34621-1613 Country — 30: PINELLAS

4. FEI Number: 59-3337434 — 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
THE LAW FIRM OF LAWRENCE J. SPIEGEL
DBA AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent
81 Name: DAVID C. BOLEN
82 Street Address (P.O. Box Number is Not Acceptable): 29702 N. 68Th St.
83:
84 City: CLEARWATER FL — 85 Zip Code: 346211613

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: DAVID C. BOLEN — JUNE 22, 1996
Signature, typed or printed name of registered agent, and date signature (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	C/P/S/T/D ☒ DELETE
NAME	ANDREW ROBERT DeLAY
STREET ADDRESS	1017 WEST MICHIGAN DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P ☒ Change ☐ Addition
1.2 NAME	PATRICK E. MADDOX
1.3 STREET ADDRESS	29702 N. 68Th St.
1.4 CITY-ST-ZIP	CLEARWATER, FL 34621-1613
2.1 TITLE	V ☐ Change ☒ Addition
2.2 NAME	DAVID C. BOLEN
2.3 STREET ADDRESS	29702 N. 68Th St.
2.4 CITY-ST-ZIP	CLEARWATER, FL 34621-1613
3.1 TITLE	S/T ☒ Change ☐ Addition
3.2 NAME	ELFRIEDE H. HARRELSON
3.3 STREET ADDRESS	29702 N. 68Th St.
3.4 CITY-ST-ZIP	CLEARWATER, FL 34621-1613
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	300001880563
6.3 STREET ADDRESS	-07/01/96--01039--002
6.4 CITY-ST-ZIP	***233.75

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: DAVID C. BOLEN — June 22, 1996 — 813.785.5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

FedEx 0577556781 — 06/21/96

CR2E034 (12/95)