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 # **P95000090406 (6)**

1. Corporation Name
BUGS RX PEST CONTROL INC.

Principal Place of Business
2671 S/W 87 TR.
DAVIE FL 33328

Mailing Address
2671 S/W 87 TR.
DAVIE FL 33328

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2671 S/W 87TR
22 Suite, Apt. #, etc. PVT.
23 City & State: DAVIE FL
24 Zip: 33328
25 Country: Broward

2a. Mailing Address
26 2671 S/W 87TR
27 Suite, Apt. #, etc. PVT
28 City & State: DAVIE FL
29 Zip: 33328
30 Country: Broward

4. FEI Number: 65-0624869 — 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
HEISS, WILLIAM V
2671 S/W 87 TR.
DAVIE FL 33328

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

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: Signature (typed or printed) of registered agent or officer of agent (NOTE: Required if Applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	HEISS, WILLIAM V
STREET ADDRESS	2671 S/W 87 TR.
CITY-ST-ZIP	DAVIE FL 33328
TITLE	V ☐ DELETE
NAME	HEISS, CYNTHIA L
STREET ADDRESS	2671 S/W 87 TR.
CITY-ST-ZIP	DAVIE FL 33328
TITLE	ST ☐ DELETE
NAME	HEISS, PATRICIA E
STREET ADDRESS	2671 S/W 87 TR.
CITY-ST-ZIP	DAVIE FL 33328
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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: William V Heiss — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — William V Heiss — 4/21/96 DATE — 305 472 9673 Daytime Phone #

CR2E034 (12/95)