*Q020000	00020
Requester's Name  Address	OZ APROS AM II: 13
City/State/Zip Phone #	· · · · · · · · · · · · · · · · ·
CORPORATION NAME(S) & DOCUMENT NO	Office Use Only  UMBER(S), (if known):
1. (Corporation Name)  2. (Corporation Name)	(Document #)
3(Corporation Name)	900051957893 -04/05/0201061010 *****87.50 ******87.50 (Document #)
4(Corporation Name)  Walk in Pick up time  Mail out Will wait Pho	Certified Copy  Otogopy  Certificate of Status
Profit Not for Profit Limited Liability Domestication	mendment esignation of R.A., Officer/Director hange of Registered Agent issolution/Withdrawal lerger
Annual Report Fictitious Name  Li Re	STRATION/QUALIFICATION  oreign imited Partnership einstatement rademark ther
CR2E031(7/97)	Examiner's Initials

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE

PART I		
Name and business address of nonresident:	3	
Jimmy P. Mhaine Jr. (Mhaine Forest Service	)	
P.O. Box 224 Jessic stendley Road		
Homerville, GA. 31634	<u></u>	
(COMPLETE EITHER #2 OR #3 - NOT BOTH)		
2. The name and Florida street address of the registered agent upoprocess may be served in accordance with section 487.047, Florida S	n whom service of Statutes is:	
, FL		
Having been named as registered agent upon whom service of proc on behalf of the undersigned, I hereby accept the appointment as re agree to act in this capacity.	cess may be served egistered agent and	
Registered Agent's signature:  3. i,	by appoint the e of process may be	
PARTIL		
I hereby acknowledge this document is being submitted to designed and a registered office pursuant to section 497.047, Florida Statutes.	te a registered agent	
Nonresident's signature:	87 N	
Date: 3-14-02	APR SEC	
	<u> </u>	
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)  \$52.50 - CERTIFIED COPY FEE (REQUIRED)  \$87.50 - TOTAL DUE  (MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)	APR & MIII: 13	
SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P. O. BOX 5327 TALLAHASSEE, FL 32314	7	
CONTRACTOR OF THE PROPERTY OF		

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I.q

INHSE30(8/92)

Mar 26 02 10:36a Certification &Training 850-922-6961

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

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