

Q03000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

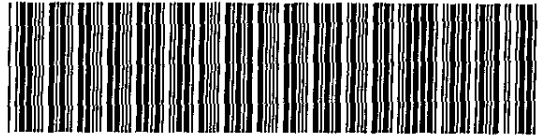
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Q03-43

Power of Attorney

Michael ✓

J.

Nesgodak
Jr

SALES & SERVICE

OHIO TEL. 614-890-0600
OHIO FAX. 614-890-1799



RWC, INC.

OHIO OFFICE
6210 FROST ROAD / WESTERVILLE, OH 43082-9027

April 7, 2003

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Personnel,

Please find attached a completed "Designation" form for Mr. Nesgoda. He is applying for his Commercial Pesticide License in your state based upon initial certification in the State of Indiana. A check in the amount of \$87.50 is also enclosed to cover the mentioned fees.

Thank you for your assistance in this matter. Please contact me at 614-890-0600 should you need further assistance.

Sincerely,

Debbie Rardin

Enclosures

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

PART I

1. Name and business address of nonresident:

Michael J. Nesgado Jr. (RWC Inc.)
6210 Frost Road
Westerville OH 43082

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

_____, FL.

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent's signature: _____

3. I, Michael J. Nesgado Jr., a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: 

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident's signature: 

Date: 3-7-03

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)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

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

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