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DIVISION OF PH 4: 16

203-60 Power of atty Dennis Brail

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

	PARTI	
1. Name and	business address of nonresident:	
DENNI	5 B. NAIL	
PO. F	30 x 1596	
Heios	ville GA. 30453	
(COMPLETE	EITHER #2 OR #3 - NOT BOTH)	
2. The name process may be	and Florida street address of the registered agent upon se served in accordance with section 487.047, Florida St	whom service of tatutes is:
on behalf of	named as registered agent upon whom service of proce the undersigned, I hereby accept the appointment as reg this capacity.	ess may be served distered agent and
Regist	ered Agent's signature:	
	NAS B. NAT) ,a nonresident, herebary of State as my registered agent upon whom service ordance with section 487.047(2), Florida Statutes.	y appoint the of process may be
Nonre	sident's signature:)
	PART II	
I hereby ackn and a register	owledge this document is being submitted to designate red office pursuant to section 487.047, Florida Statutes.	a registered agent
Nonre	sident's signature:	
140180	Date: 6-9-2003	03 \frac{1}{18}
	_	
	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 \$TATE)	98 PH 4: 16
	SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P. O. BOX 6327	<u>o</u> 8

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

INHSE30(6/92)