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(Requestor's Name)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 28, 2005

KEITH EVANS FARMS INC. 418 CARTER ROAD LAKE PARK, GA 31636

SUBJECT: KEITH EVANS FARMS INC.

Ref. Number: W05000004660

We have received your document for KEITH EVANS FARMS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need the individuals name in #1 of the application, who will hold the "NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 005A00006269

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



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

PARTI	
1. Name and business address of nonresident:	,-
Keith Evans Farms Inc. Alton Keith	Lugns
418 Carter Rd D Same Address	
Lake Park Ca 3/636	
(COMPLETE EITHER #2 OR #3 - NOT BOTH)	
2. The name and Florida street address of the registered agent upon whom process may be served in accordance with section 487.047, Florida Statutes	
	
, FL	
Having been named as registered agent upon whom service of process may on behalf of the undersigned, I hereby accept the appointment as registered agree to act in this capacity.	v be served I agent and
Registered Age his signature: 3. I, Anonresident, hereby apportion of State as my registered agent upon whom service of processerved in accordance with section 487.047(2), Florida Statutes.	int the ess may be
Nonresident's signature:	
PART II	
I hereby acknowledge this document is being submitted to designate a registered office pursuant to section 487.047/ Florida Statutes.	tered agent
Nonresident's signature: MMI Kerthy	<u> </u>
Date: 1-24-05	
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. 0. BOX 63.27 TALLAHASSEE FL. 3.2314	SECHETARY OF STATE SINTEN OF CHAPTIONS OF FEB -9 AM 8: 27

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