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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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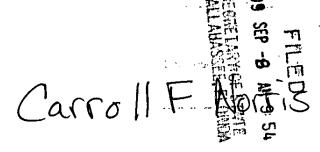
Office Use Only



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N. CAUSSEAUX

SEP 1 0 2009

EXAMINER



Beverly A. Pascoe

904 . 346 . 5792 BPascoe@rtlaw.com 1301 Riverplace Boulevard • Suite 1500 Jacksonville, Florida 32207

904 . 398 . 3911 Main 904 . 396 . 0663 Fax www.rdaw.com

September 3, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Designation of Registered Agent and Registered Office for a Nonresident Restricted Use Pesticide License

To Whom It May Concern:

Enclosed please find a fully executed Designation of Registered Agent and Registered Office for a Nonresident Restricted Use Pesticide License for Mr. Carroll F. Norris.

A check in the amount of \$87.50 is enclosed to cover the Registered Agent Designation Fee and the Certified Copy Fee.

Please let me know if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Beverly A. Pascoe

cc: Carroll F. Norris

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PARTI

[PACT]
1. Name and business address of nonresident:
Carroll F. Norris
Southeastern Wood Pole Inspectors, Inc. P.O. Box 873 Commerce, GA 30529
(COMPLETE EITHER #2 <u>OR</u> #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:
Beverly Pascoe
Rogers Towers, PA 1301 Riverplace Blvd. Suite 1500
Jacksonville , FL 32207
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: <u>beverly lascoe</u>
3. I,, 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:
PARTII 95 0
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: <u>Canall</u> <u>John</u>
Date: 08-31-2009
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 & CONSUMER SERVICES.