

Q10 0000000 037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

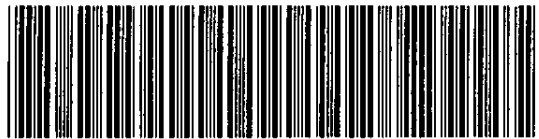
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300165695993

Q0-37 Not same person

01/15/10--01009--013 \*\*87.50

Q10-3  
Power of Atty ✓  
Johnny Middlebrooks

FILED  
10 JAN 15 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JAN 20 2010

EXAMINER

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

PART I

1. Name and business address of nonresident:

Johnny Middlebrooks  
2424 Coastal Dr  
Panama City, FL 32404

FILED  
10 JAN 15 PM 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

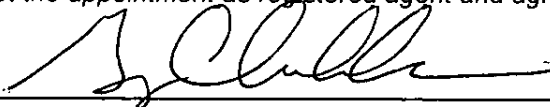
(COMPLETE EITHER #2 OR #3 - NOT BOTH)

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:

Coastal Air Service, Inc / Greg Clubbs President  
2424 Coastal Dr  
Panama City, FL 32404, FL. 32404

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:



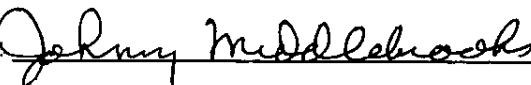
3. I, \_\_\_\_\_, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

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: 1-13-10

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.