



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

**PART I**

1. Name and business address of nonresident:

JAMES F. STORY

1207 GORDON AVE.

RICHMOND, VA 23224

(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, JAMES F. STORY, 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: 9-26-96

FEES: \$36.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
<u>\$52.50</u> - CERTIFIED COPY FEE (REQUIRED)
<b>\$88.50 - TOTAL DUE</b>
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)
<b>SUBMIT DOCUMENT AND CHECK TO:</b>
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.**

SECRETARY OF STATE  
TALLAHASSEE, FL  
09 OCT 0 100 96  
FILED