FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



COF ANNU	CORPORATION ANNUAL REPORT		ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Apr 28 1997 8:00am Secretary of State				
DOCUI	MENT # S2023	31 (4)								
PARKLAND BUSHOG & SPRAYING SERVICE, INC.							•	. •		
		·								
Principal Place of Business Mailing Address						٠.				
RURAL ROUTE 50 BOX 643EE POMPANO BEACH FL 33067 US R R 50 BOX 643EE POMPANO BEACH FL 3307 US				6-9801						
						3.	Date Incorporated or Qualified 12/11/1990	3a. Date 05/01		eport
2. Principal P	lace of Business	2a, Mailing Address			<u></u>	4.	FEI Number	U9/V1		plied For
21	M. est.	Suite, Apt. #, etc.			<u>-</u>	J	65-0247645			ot Applicable
Suite, Apt.	π, keiko	27 Suite, Apr. #. etc.				6.	Certificate of Status Desired	W	4 - · · · ·	Additional equired
City & Stati	e	City & State			***************************************	6.	Election Campaign Financing		\$5.00	
23 Zip	Country	28	Cour	ntry	4,		Trust Fund Contribution This corporation has liability for in	L	Added to Added a	
24	25	29	30				Florida Statutes	Yes 🔲	No	. 100.002.
	9. Name and Address of Cur	rent Registered Agent		81]	Name	10.	Name and Address of New Reg	istered Ag	ent	,
BEATY, RONALD W						/r	0.0			
ROUTE 50 BOX 643EE SUITE 400				82	Street Add	ress (F	P.O. Box Number is Not Acceptab	i 0)		
	IPANO BEACH FL 33067		ſ	83						
				84	City		. · » · · · · · · · · · · · · · · ·	FI	85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such change was	authorized	t by	the corpora	poratio ition's l	in submits this statement for the popoard of directors. I hereby accep	irnose of ci	nanging it ntment as	s registered registered
SIGNATURE	Signature, Quest or profed name of registered	lagen and title if applicable (NC	TE Registered	Age	nt signature requi	red wher	n reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	D DELETE		1.1 TIT 1.2 NA]			L.] Change	Addition
STREET ADDRESS	RHINEHARDT, MAURICE O. 2401 E ATLANTIC BLVD				ADDRESS					
CITY - S1 - ZiP	POMPANO BEACH FL		1.4 CIT		1					
TILE	P	DELETE	2.1 TiT	LE				L	Change	Addition
NAME	BEATY, RONALD W		22 NA							Ì
STREET ADDRESS CITY: \$1 - ZIF	ROUTE 50 BOX 643EE POMPANO BEACH FL		2.3 ST		ADDRESS					
Lill	POMPANO DESCRIPTA	☐ DELETE	31 TIT		77-11			L	Change	Addition
NAME			3.2 NA	ME	}					
STREET ADDRESS			1		ADDRESS					
C/TY : S1 - 7IP TIFLE	TO A TO THE THE WAR WINDOWS AND THE PARTY AND AND THE PARTY AND THE PART	DELETE	3.4. Ci		ST-ZIP		**************************************		Change	Addition
NAME		C occur	4.1 III		•			L.,	_ commige	radiioit
STREET ADORESS			•		ADDRESS					
OTY-\$1-792	- 100 g		4 4 C1T		T-2(P					
THE	ı	DELETE	5.1 TIT]] Change	Addition
NAME CIDULT ZODOCCO			5.2 NA		ADDRESS					
STREET ADDRESS City - ST- ZIP			5.3 STI 5.4 CIT		ADDRESS 5. ZIP		1			}
UTLE		DELETE	5.4 CIT		1 - VII.		······································		Change	Addition
NAME			62 NA	ME						İ
STHEET ADDRESS	1				ADDRESS					1
City - S1 - ZiF			6.4 CIT	TY-S	T-71P					

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

FILED