

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S20231** (4)
1. Corporation Name
PARKLAND BUSHOG & SPRAYING SERVICE, INC.



Principal Place of Business RURAL ROUTE 50 BOX 643EE POMPAÑO BEACH FL 33067 US	Mailing Address R R 50 BOX 643EE POMPAÑO BEACH FL 33067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1990	
21		26	5972 Homeland Rd	4. FEI Number 65-0247645	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State Lake Worth FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip 33467	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BEATY, RONALD W ROUTE 50 BOX 643EE SUITE 400 POMPAÑO BEACH FL 33067				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHINEHARDT, MAURICE O.	<input checked="" type="checkbox"/> DELETE		1.2 NAME			
STREET ADDRESS	2401 E ATLANTIC BLVD	<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH FL	<input checked="" type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEATY, RONALD W	<input type="checkbox"/> DELETE		2.2 NAME			
STREET ADDRESS	ROUTE 50 BOX 643EE	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH FL	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		<input type="checkbox"/> DELETE		3.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		<input type="checkbox"/> DELETE		4.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		<input type="checkbox"/> DELETE		5.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		<input type="checkbox"/> DELETE		6.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

Ronald Beaty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98 (954) 753-2545
Date Daytime Phone #

D18342A

CR2E034 (10/97)