## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

|  | L REPORT   |   | 7   | ary of State<br>CORPORATIONS   |  |   |
|--|--|---|---|--|--|---|
| OCUMI  | ENT#   | S89521  | (6)   |  |  |   |
| . Corporation Na<br>FLORIDA  |  | LE FUMIGATOR  | S, INC.   |  | r saarrese ver oktob libriil Anii (1800)   | I ALAN BEREK BIREK BIREK BIREK BIREK BIREK 1881   |
|  |  |   |   |  |  |   |
| rincipal Place of  |  |   | Mailing Address 19111 VISTA BAY DR                              |  |  |   |
| 19111 VISTA BA<br>UNIT 311   |  |   | UNIT 311  |  |  |   |
| INDIAN SHORES  | S FL 34635   |   | INDIAN SHORES FL 3  | 4033   | <ol> <li>Date Incorporated or Qualified</li> <li>10/24/1991</li> </ol>                   | 3a. Date of Last Report<br>05/11/1995   |
| . Principal Place  |  |   | 2a. Mailing Address<br>26 19111 Vi                              | eta Bay Dr   | 4. FEI Number 59-3127934   | Applied For Not Applicable  |
| 19111<br>Suite, Apt #, 6   |  | Bay Dr.   | Suite, Apt. #, etc.   | sta Day DI.  | 5. Certificate of Status Desired   | \$8.75 Additional   |
| Unit   |  |   | 27 Unit 409   |  |  | ree nequired  |
| City & State   | _ •  |   | City & State  | owog Fl  | Election Campaign Financing     Trust Fund Contribution                                  | \$5.00 May Be<br>Added to Fees  |
| ∐ndia<br>Zo  | n Shore  | es Fl.  | 28 Indian Sh  | Country  | 8. This corporation has liability for  | intangible tax under s. 199.032,  |
| 34635  | 25   | Pinellas  | 29 34635  | 30 Pinella   | S Florida Statutes Yes  10. Name and Address of New                                      | s No  |
|  | 9. Name and  | Address of Current I  | Registered Agent  | B1 Name  | 10. Name and Address of New  | Hegistered Agent  |
|  |  | ••  |   |  | O D N Late is Not Assessed   | blot  |
| MASTERS, SUSAN ALMA<br>19111 VISTA BAY DR.   |  |   | 82 Street Add   |  | ress (P.O. Box Number is Not Acceptable)   |   |
| 19111 VIS<br>UNIT 409  |  |   |   | 83   |  |   |
| INDIAN SHORES FL 34635   |  |   | 84 City   |  |  | 85 Zip Code   |
| INDIAN SH  | HUKES FL 34  | 1000  |   | 1841 City  |  |   |
| 1. Pursuant to   | the provisions of  | of Sections 607.0502 a  |   | utes, the above-named cor<br>ized by the corporation's t   | rporation submits this statement for the p<br>board of directors. I hereby accept the ap | urpose of changing its registered office pointment as registered agent. I am  |
| 1. Pursuant to<br>or registered<br>familiar with,<br>SIGNATURE   | the provisions of agent, or both , and accept the  | of Sections 607.0502 a  | n 607.0505, Florida Statut<br>ai tiis aigstaan – U<br>DIRECTORS | utes, the above-named corized by the corporation's toss.   | sparset when modality<br>ADDITIONS/CHANGES TO OF   | urpose of changing its registered office<br>pointment as registered agent. I am<br>DATE<br>FICERS AND DIRECTORS IN 12   |
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SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marion Neal Masters DPV

5-15-96 813-596-0511 Dayte of Proper