

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89521** (6)

1. Corporation Name

FLORIDA WHOLESALE FUMIGATORS, INC.



Principal Place of Business

**19111 VISTA BAY DR.
UNIT 311
INDIAN SHORES FL 34635**

Mailing Address

**19111 VISTA BAY DR.
UNIT 311
INDIAN SHORES FL 34635**

3. Date Incorporated or Qualified
10/24/1991

3a. Date of Last Report
05/11/1995

4. FEI Number
59-3127934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **19111 Vista Bay Dr.**

26 **19111 Vista Bay Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Unit 409**

27 **Unit 409**

City & State

City & State

23 **Indian Shores Fl.**

28 **Indian Shores, Fl.**

Zip

Country

Zip

Country

24 **34635**

25 **Pinellas**

29 **34635**

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASTERS, SUSAN ALMA
19111 VISTA BAY DR.
UNIT 409
INDIAN SHORES FL 34635**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ DELETE
NAME **MASTERS, MARION NEAL**
STREET ADDRESS **19111 VISTA BAY DR, #311**
CITY - ST - ZIP **INDIAN SHORES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPV** ☒ Change ☐ Addition
1.2 NAME **Masters, Marion Neal**
1.3 STREET ADDRESS **19111 Vista Bay Dr. #409**
1.4 CITY - ST - ZIP **Indian Shores, Fl. 34635**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marion Neal Masters DPV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marion Neal Masters DPV

5-15-96

813-596-0511

Date

Daytime Phone #

CR2E034 (12/95)