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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90002 002 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S89521

STREET ADDRESS

FLORIDA WHOLESALE FUMIGATORS, INC.

1201112					
Principal Place	e of Business	Mailing Address	•	(togging to real a trial and real and	
19111 VISTA 84	AY DR	19111 VISTA BAY DR		· .	
UNIT 409		UNIT 409	,	DO NOT WRITE IN 1	THIS SDACE
INDIAN SHORES	S FL 33785	INDIAN SHORES FL 33785		3. Date Incorporated or Qualifed	INIS SPACE
US		US		10/24/1991	
2. Principal P	lace of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21		26		59-3127934	Not Applicable
Suite, Apt.	#; etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	. To the state of the second	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24	25	29	30	Personal Property Tax.	☐ Yes 📈 No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registe	red Agent
_	THE RESERVE TO STREET STREET		81 Name		* 11
MAS FLO 1911	TERS, SUSAN ALMA 1 VISTA BAY DR.	\$135°	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	409		83	1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	121 Y 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2
	AN SHORES FL 33785			[14] [14] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15	
			84 City		FL 85 Zip Code
100	to the provisions of Soutions 507.0502	and 607 1508 Florida Statute	s the above-named c	proporation submits this statement for the purpos	se of changing its registered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute Florida, Such change was au	s, the above-named c	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	se of changing its registered appointment as registered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	s, the above-named c thorized by the corpor ida Statutes.	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	se of changing its registered in prointment as registered
11. Pursuant office or r incleagent. Fa	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	da Siatutes.		
INC. SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating), DAT	E
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	da Siatutes.	quired when reinstating); OAT ADDITIONS/CHANGES TO OFFICER	E
SIGNATURE 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0005; Fion 1:- Ind title if applicable. (NOTE: I	Registered Agent signature rec	quired when reinstating), DAT	E S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND DPV MASTERS, MARION NEAL	ons of, Section 607.0005; Fion 1:- Ind title if applicable. (NOTE: I	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	quired when reinstating); OAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND DPV MASTERS, MARION NEAL 19111 VISTA BAY DR #409	ons of, Section 607.0005; Fion 1:- Ind title if applicable. (NOTE: I	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating); OAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP