

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097767

Entity Name: BUG EVICTORS, INC.**Current Principal Place of Business:**3745 JAMESTOWN LANE
JACKSONVILLE, FL 32223**Current Mailing Address:**3745 JAMESTOWN LANE
JACKSONVILLE, FL 32223 US**FEI Number:** 59-3416119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIGGINS, DAVID WSR
3745 JAMESTOWN LANE
JACKSONVILLE, FL 32223 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WIGGINS, DAVID WSR
Address	3745 JAMESTOWN LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	WIGGINS, DAVID WSR
Address	3745 JAMESTOWN LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	VP
Name	WIGGINS, ELIZABETH J
Address	3745 JAMESTOWN LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	WIGGINS, ELIZABETH J
Address	3745 JAMESTOWN LANE
City-State-Zip:	JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID W WIGGINS

PRESIDENT

04/17/2023

Electronic Signature of Signing Officer/Director Detail_____
Date