2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name
FLORIDA PEST CONTROL & CHEMICAL CO.

2. Principal Place of Business
116 NW 16TH AVE
PO BOX 3269
GAINESVILLE FL 32601
US

3. Mailing Address
116 NW 16TH AVE
PO BOX 3269
GAINESVILLE FL 32601
US

4. FEI Number
59-6060716

5. Certificate of Status Desired

   □ $8.75 Additional Fee Required

   □ $5.00 May Be Added to Fees

6. Name and Address of Current Registered Agent
SAPP, DEMPESEY R., JR.
116 N.W. 16TH AVE.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

8. 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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
   (See criteria on back)

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing
    Trust Fund Contribution

11. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>SAPP, DEMPESEY R</td>
<td>17445 SW SW 132 AVE</td>
<td>LAKE BUTLER FL 32054</td>
</tr>
<tr>
<td>PD</td>
<td>SAPP, DEMPESEY R JR.</td>
<td>18798 SW 132 AVE</td>
<td>LAKE BUTLER FL 32054</td>
</tr>
<tr>
<td>STD</td>
<td>SAPP, MARGIE B</td>
<td>17445 SW 132 AVE</td>
<td>LAKE BUTLER FL 32054</td>
</tr>
<tr>
<td>VD</td>
<td>FROWICK, DON E.</td>
<td>6428 NW 97TH CT</td>
<td>GAINESVILLE FL</td>
</tr>
</tbody>
</table>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
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13. 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 report or supplemental 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

DATE: 01/04/01

CITY PHONE #: 352-376-2661