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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· 1996

**DOCUMENT #** 

(4)

BAY EXTERMINATORS, INC.

Principal Place of Business 506 N. ARMENIA AVE. P.O. BOX 4363 TAMPA FL 33607			Mailing Address 506 N. ARMENIA AVE. P.O. BOX 4363 TAMPA FL 33607								
							3. Date Incorporated or Qualified 03/17/1965	3a. Date	of Last 6 04/04/	3e∞rt 1995	
2. Principal Plac	e of Business	2a. 26	Mailing Address				4. FEI Number 59-1097790	1		Applied For Not Applicable	
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required	
City & State 23		28	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Ζιρ <b>24</b>	Country 7ip 25 29			30 Cou	intry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered A			ered Agent		10. Name and Address of Ne			Registered Agent			
			<b>.</b>		81	Name		_Z	- <del></del>	·	
DIAZ,IVAN 4608 ST. VINCENT STREET					82		iss (P.O. Box Number is Not Acceptable)				
TAMPA FL 33814					83			<del></del>			
					84	City		FL	<b>8</b> 5 Z	Zip Code	
famil ar with SIGNATURE	d agent, or both, in the State of Fiori And accept the obligations of, Soci TWAY AUGUST printing, typed or printed name of Puraned agent OFFICERS AN	ion 607.0 $ u$ and title if a	0505, Florida Statutes 500  Hillinable (NC	3.			oration submits this statement for the pur and of directors. I hereby accept the application of the pure of the pu	01 / 2/ DATE	96		
12.	VSD	D DINEC	DELETE				ADDITIONS/CHANGES TO OFF		7 Change		
7111.6	DIAZ.IVAN		□ pertit	1.11				L	_ Chailgi	L] Had tibil	
NAME	4608 ST. VINCENT STREET	r		1.2 N							
STREET ADDRESS	TAMPA FL	,				ADDRESS					
CITY-ST-ZIP	PD		DELETE			IT-ZIP	<del></del>		Change	Addition	
1) ft F	GARCIA, ARGELIA		Done	2.11				Ŀ	_ Change	L Addition	
NAME	4125 N. LINCOLN AVENUE			22 N		1000000					
STREET ADDRESS	TAMPA FL					ADDRESS					
CHY-SI-Z-P	TD		DELETE	3 1 1		51 - 21P			7 Change	Addition	
TITLE	CASTILLO, SOMIA			3.2 N				L	_i onang,	LT risonon	
NAME CANCEL ADDRESS	2424 TAMPA BAY BLVD.			- 1		T ADDRESS					
STREET ADDRESS	TAMPA FL			1		ST-ZIP				ļ	
CHY S1-7PP	SD		DELETE	4.11		DI-TH	;		) Change	Addition	
NAME	FOWLER, PATRICIA			4.2 N			•	_	-		
STREET ADDRESS	4517 MANTANLAS					ADDRESS				Ì	
	TAMPA FL					ST - <b>Z</b> IP					
THEF			DELETE	5 1 1		<u></u>			Change	Addition	
NAME			_	52 N				_			
STREET ADDRESS						ADDRESS					
C(TY - ST - Z)P						ST - ZIP				ļ	
Tille			DELETE	6 1 1	•				Change	Addition	
NAME				62 N	AME						
STREET ADDRESS				6.3 S	TREET	ADORESS					
CITY-ST-ZIP						ST-ZIP					
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I do horeby 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 Prick 13 if changed, or on an attachment with an address.

VSD apr 21, 1994 8/3-872 4484