FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 299975

1. Corporation Name
ALLEN PEST CONTROL, INC

Principal Place of Business / Mailing Address
1875 NE 145 St
Miami, FL. 33181

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 1875 NE 145 St
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33181 25 Country: DADE

2a. Mailing Address
26 1875 NE 145 St
27 Suite, Apt. #, etc.
28 City & State: Miami FL
29 Zip: 33181 30 Country: DADE

4. FEI Number: 59 1110575 ☐ 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

9. Name and Address of Current Registered Agent

JAMES N ALLEN
1950 NE 207 St
Miami, FL 33179

10. Name and Address of New Registered Agent

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: James N. Allen — JAMES N. ALLEN (NOTE: Registered Agent signature required when reinstating) — DATE: 2/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: PRESIDENT; JAMES N. ALLEN; 1950 NE 207 St; Miami, FL. 33179	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: VICE PRESIDENT; KENNETH M. ALLEN; 615 NE 163 St; Miami FL 33162	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: JCC4 - TREASURER; RUTH M. ALLEN; 615 NE 163 St; Miami, FL. 33162	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: DIRECTOR; DANIELLE P. ALLEN; 1950 NE 207 St; Miami FL. 33179	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition: AR 3-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition: 200002106462 -03/06/97--01039--015 ***165.00

CR2E034 (9/96)

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.

SIGNATURE: James N. Allen — JAMES N. ALLEN PRES. — 2/27/97 — 305 540 0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #