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

1. Corporation	MENT # 349422 Name OWNERS PEST CONTROL, I	` '		(0.0)40 (b)((.0.10)(0.10)(1.0)(1.0)	A HIGI BIGII GURU SURU BUSU SUGU BUSU IRBU
Principal Place	e of Business	Mailing Address		i iddidd ri(ri didid id)if didid ifdif	B ANDA MANDAY MANDAY MANDAY MANDAY MANDAY ARMAY
7004 S.W. 4 Miami Fl 33	The state of the s	7004 S.W. 46 STREET MIAMI FL 33155			
				3. Date Incorporated or Qualified 07/15/1969	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address	In Aug	4. FEI Number	Applied For
Suite, Apt	R S.W. 122 AVENUE. #, etc.	Suite, Apt. #, etc.	1771100,	59-1285895	Not Applicable \$8.75 Additional
2	TTO 7 TO THE LOCAL COLUMN 1	27		5. Certificate of Status Desired	Fee Required
City & State	OMI, FLA-	City & State	FLA	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
₫ ² 33/8	36 25 DADE	29 33/86 /	Country 30 DADE	8. This corporation has liability for in Florida Statutes Yes	
	g. Name and Address of Current I	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	RICHARD		82 Street Add	iress (P.O. Box Number is Not Acceptabl	le)
	.W. 178TH TERRACE		83		
MINIMIFE	FL 33157				
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,0502 a	nd 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purp	nose of changing its registered office
or register familiar wit SIGNATURE	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	. Such change was authorize n 607.0505, Florida Statutes.	d by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered office ointment as registered agent. I am
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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 unde 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.

TRACY

SWOPE

GNATURE:

Tracy

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME of SIGNING OFFICER OR DIRECTOR

Date

D

SIGNATURE: _