FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 714998

(2)

FLORID	A PEST CONTROL ASSOC	CIATION, INC.			
Principal Place	of Business	Mailing Address		A TROUGH TO DESTREAM DIRECT FORCE TO THE	ir dārī Brāse diāre ārbei ārbiš bilbēr ārbir edbe
6882 EDGEWTER COMM. PKWY. 6882 EDGEWTER COMM. P ORLANDO FL 32810-4281 ORLANDO FL 32810-4281 US US		PKWY.			
				3. Date Incorporated or Qualified	3a. Date of Last Report
		T = 11.97 - 1.11.	****	07/25/1968	02/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-0839828	Applied For Not Applicable
<u> </u>		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$9.75 Additional
├		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 Мау Ве
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30]		Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
			o Name		
CAITHNESS, TONI			82 Street Add	dress (P.O. Box Number Is Not Acceptat	(ek
6882 EDGEWATER COMMERCE PARKWAY			83		
URLAND	O FL 32810				
			84 City		FL 85 Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such change was authorized tion 617.0503, Florida Statutes.	by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as régistered agent. I am
	Signature, typod or printed name of registered agen	t and title if applicable (NOTE: ID DIRECTORS	Registered Agent signature requi	 	DATE FICERS AND DIRECTORS IN 12
12.	D OFFICERS AN	DELETE	13.	2/D	Change Addition
NAME	WILLIAMS, MICHAEL JEROMI		1.2 NAME	70	3 • · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-S1-ZIP	JACKSONVILLE FL	., ((0)))))	1.4 CITY-ST-ZIP		
THILE	D	DELETE	21 TITLE		Change Addition
NAME	FROWICK, DONALD		22 NAME		
STREET ADDRESS	116 NW 16 AVE		23 STREET ADDRESS		
CHTY - ST - ZIP	GAINESVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	P	DELETE	3.1 TITLE	D	Change Addition
NAME	GRIMES, BRYAN		3.2 NAME		
STREET ADDRESS	911 DON DRIVE		3.3 STREET ADDRESS		
CITY-S1-ZIP	FT. WALTON BEACH FL	□ oc.exc	3.4. CITY-ST-ZIP		
TITLE	D DOOK DOUGLAD	DELETE		Pe /D	Change 🔲 Addition
NAME	BROCK, DOUGLAS		4. 2 NAME		
STREET ADDRESS	P.O. BOX 321 N/A		4.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	LYNN HAVEN FL	DOELETE	4.4 CITY - ST - ZIP 5.1 TITLE	•	Change Addition
NAME	D Smades, david		5.2 NAME		
STREET ADDRESS	1481 N.W. 65TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	V	DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CAITHNESS, TONI		62 NAME		
STREET ADDRESS	6882 EDGEWATER COMM P	KWY	6.3 STREET ADDRESS		
City-St-ZiP	ORLANDO FL		64 CITY-ST-ZIP		
14 Ldo hereh	y certify that the information supplied	with this filing is voluntarily furnish	ed and does not qualify	for the exemption stated in Section 119	07(3)(k) Florida Statutes, Lifurther

• Loo nereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-293-8627 Devime Phone #

Date