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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 714998 (2)

1. Corporation Name

FLORIDA PEST CONTROL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6882 EDGEWATER COMM. PKWY.
ORLANDO FL 32810-4281
US

6882 EDGEWATER COMM. PKWY.
ORLANDO FL 32810
US

3. Date Incorporated or Qualified 07/25/1968
3a. Date of Last Report 03/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-0839828
Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAITHNESS, TONI
6882 EDGEWATER COMMERCE PARKWAY
ORLANDO FL 32810

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, MICHAEL JEROME	
STREET ADDRESS	6838 BUSINESS PARK BLVD., NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FROWICK, DONALD	
STREET ADDRESS	116 NW 18 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, BRYAN	
STREET ADDRESS	911 DON DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	BROCK, DOUGLAS	
STREET ADDRESS	P.O. BOX 321 N/A	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMADES, DAVID	
STREET ADDRESS	1481 N.W. 65TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAITHNESS, TONI	
STREET ADDRESS	6882 EDGEWATER COMM PKWY	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lewis, Roger	
1.3 STREET ADDRESS	1320 Wilfred Dr.	
1.4 CITY-ST-ZIP	Orlando, FL 32803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Taylor, James	
3.3 STREET ADDRESS	851 NE Jensen Beach Blvd	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	802 W. Hwy 390	
4.4 CITY-ST-ZIP		
5.1 TITLE	PR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Toni Caithness* **SIGNATURE REQUIRED** Toni Caithness 2/12/97 407-293-8627

CR2E037 (9/96)