

FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714998 (2)
1. Corporation Name
FLORIDA PEST CONTROL ASSOCIATION, INC.



Principal Place of Business 6882 EDGEWATER COMM. PKWY. ORLANDO FL 32810-4281 US		Mailing Address 6882 EDGEWATER COMM. PKWY. ORLANDO FL 32810-4281 US	
21 Principal Place of Business	26 Mailing Address	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State	24 Zip	30 Country

3. Date Incorporated or Qualified
07/25/1968

4. FEI Number
59-0839828

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CAITHNESS, TOM
6882 EDGEWATER COMMERCE PARKWAY
ORLANDO FL 32810

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 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 TD	NAME LEWIS, ROGER	1.1 TITLE VD	1.2 NAME VD
STREET ADDRESS 1320 WILFRED DR	CITY-ST-ZIP ORLANDO FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE D	NAME FROWICK, DONALD	2.1 TITLE PED	2.2 NAME PED
STREET ADDRESS 116 NW 16 AVE	CITY-ST-ZIP GAINESVILLE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE SD	NAME TAYLOR, JAMES	3.1 TITLE TD	3.2 NAME TD
STREET ADDRESS 851 NE JENSEN BEACH BLVD	CITY-ST-ZIP JENSEN BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE PD	NAME BROCK, DOUGLAS	4.1 TITLE D	4.2 NAME D
STREET ADDRESS 802 W HWY 390	CITY-ST-ZIP LYNN HAVEN FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE PED	NAME SMADES, DAVID	5.1 TITLE	5.2 NAME
STREET ADDRESS 1481 N.W. 85TH AVE	CITY-ST-ZIP PLANTATION FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE V	NAME CAITHNESS, TONI	6.1 TITLE	6.2 NAME
STREET ADDRESS 6882 EDGEWATER COMM PKWY	CITY-ST-ZIP ORLANDO FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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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 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* **3/26/98** **407-293-8627**

CP2E037 (10/97)