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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714998

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/25/1968	4. FEI Number 59-0839828	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CAITHNESS, TONI
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ROGER	1.2 NAME	
STREET ADDRESS	1320 WILFRED DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PE D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROWICK, DONALD	2.2 NAME	
STREET ADDRESS	116 NW 16 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES	3.2 NAME	
STREET ADDRESS	851 NE JENSEN BEACH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, DOUGLAS	4.2 NAME	Cooksey, J. Bryan III
STREET ADDRESS	802 W HWY 390	4.3 STREET ADDRESS	2861 College St
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	Jacksonville FL 32205
TITLE	PE D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMADES, DAVID	5.2 NAME	Van Dam, Brian
STREET ADDRESS	1481 N.W. 65TH AVE	5.3 STREET ADDRESS	1981 NE 153 ST
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CAITHNESS, TONI	6.2 NAME	
STREET ADDRESS	6882 EDGEWATER COMM PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Toni Caithness SIGNATURE REQUIRED
 3/15/99 407-293-8627
 Date Daytime Phone #

CR2097 (1/98)