

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F59851 (8)
 1. Corporation Name
SEARS TERMITE & PEST CONTROL, INC.



Principal Place of Business 6359 EDGEWATER DR ORLANDO FL 32810 US	Mailing Address 6359 EDGEWATER DR ORLANDO FL 32810 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/28/1981

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 3333 Beverly Rd.
22 City & State	27 768TAX, B5-220B/B
23 Zip	28 Hoffman Estate, IL
24 Country	29 60179
25 Country	30 Country

4. FEI Number 59-2156849	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	THOMPSON, JANE J	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STEINMETZ, CHARLES P	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOLL, MICHAEL C	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPFT	<input type="checkbox"/> DELETE
NAME	GALLAGHER, STEPHEN M	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, PAMELA	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	VERGHLE, VICTORIA S	
STREET ADDRESS	6359 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3333 Beverly Rd.
1.4 CITY-ST-ZIP	Hoffman Estates, IL 60179
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	3333 Beverly Rd.
3.4 CITY-ST-ZIP	Hoffman Estates, IL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V T
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3333 Beverly Rd.
5.4 CITY-ST-ZIP	Hoffman Estates, IL 60179
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Alan Lacy
6.3 STREET ADDRESS	3333 Beverly Rd.
6.4 CITY-ST-ZIP	Hoffman Estates, IL 60179

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

SIGNATURE _____

CR2E034 (10/97)