

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90048 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F59851

1. Corporation Name
SEARS TERMITE & PEST CONTROL, INC.



Principal Place of Business
 6359 EDGEWATER DR
 ORLANDO FL 32810
 US

Mailing Address
 3333 BEVERLY ROAD
 768TAX. B5-220B/B
 HOFFMAN ESTATE IL 60179
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		
21		26		12/28/1981		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		
22		27		59-2156849		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		
23		28		\$8.75 Additional Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
24		29		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	
				82	Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JANE J	1.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, CHARLES P	2.2 NAME	
STREET ADDRESS	6359 EDGEWATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLL, MICHAEL C	3.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, STEPHEN M	4.2 NAME	
STREET ADDRESS	6359 EDGEWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PAMELA	5.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, ALAN	6.2 NAME	
STREET ADDRESS	3333 BEVERLY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	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 607, 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: Pamela G. Schneider **REQUIRED** 3/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)