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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H43938** (0)
1. Corporation Name
SHUR-SHOT PEST CONTROL, INC.



Principal Place of Business: % RAYMOND A. GIARDINA, 938 NE 7TH TERRACE, CAPE CORAL FL 33909
Mailing Address: % RAYMOND A. GIARDINA, 938 NE 7TH TERRACE, CAPE CORAL FL 33909-3147

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **05/14/1996**
4. FEI Number: **59-2487509**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
**GIARDINA, RAYMOND A.
938 N.E. 7TH TR.
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, State (FL), Zip Code

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 | D | DELETE |
| NAME | GIARDINA, RAYMOND A. | |
| STREET ADDRESS | 1935 SE 28TH ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | DELETE |
| NAME | GIARDINA, MONICA | |
| STREET ADDRESS | 1935 SE 28TH ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | DELETE |
| NAME | GIARDINA, GARY | |
| STREET ADDRESS | 105 SW 8 ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-----------------------|--------|----------|
| 1.1 TITLE | PRESIDENT | Change | Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 938 N.E. 7TH TERR. | | |
| 1.4 CITY-ST-ZIP | CAPE CORAL, FL. 33909 | | |
| 2.1 TITLE | T.S. | Change | Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 938 N.E. 7TH TERR. | | |
| 2.4 CITY-ST-ZIP | CAPE CORAL, FL. 33909 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | 938 NE 7TH TERR. | | |
| 3.4 CITY-ST-ZIP | CAPE CORAL, FL. 33909 | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (NOTE: SIGNATURE REQUIRED) DATE: 4-9-97 DAYTIME PHONE: 941-574-2424

CR2E034 (9/96)