FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible].00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible]
Sandra B. M[illegible]
Secretary of St[illegible]
DIVISION OF CO[illegible]

DOCUMENT # **L79485** **(3)**

1. Corporation Name

PEST DEFENSE SYSTEMS OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
1600 W. EAU CALLIE BLVD. SUITE 201 MELBOURNE FL 32935	5211 OKEECHOBEE ROAD FORT PIERCE FL 34947

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

3. Date Incorporated or Qualified: **06/08/1990**

3a. Date of Last Report: **10/30/1995**

4. FEI Number: **65-0203089** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CARRAWAY, JAMES D
1600 W. EAU GALLIE BLVD.
SUITE 201
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 [illegible] DATE

12. OFFICER/S AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICER/S AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CARRAWAY, JAMES D		2 NAME	
STREET ADDRESS	1600 W. EAU GALLIE BLVD.,#201		3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		4 CITY-ST-ZIP	
TITLE		☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			[illegible]	
CITY-ST-ZIP			[illegible]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished [illegible] not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report [illegible] 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 changed, or on an attachment with an address.

SIGNATURE: [signature] DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)