


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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000074627 (9)**  
 1. Corporation Name  
**CITRUS PEST CONTROL, INC.**



Principal Place of Business <b>4945 SOUTH ARDEN TERRACE INVERNESS FL 34452</b>	Mailing Address <b>4945 SOUTH ARDEN TERRACE INVERNESS FL 34452</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4953 S. Arden Terr</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4953 S. Arden Terr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/21/1993</b>	
22 <b>Inverness FL</b> City & State		27 <b>Inverness FL</b> City & State		4. FEI Number <b>59-3210184</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>34452</b> Zip		24 <b>Citrus</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 <b>34452</b> Zip		26 <b>Citrus</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27 <b>34452</b> Zip		28 <b>Citrus</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOVACT, MICHAEL 7731 OLD FLORAL CITY RD SUITE 1 FLORAL CITY FL 34436</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					85 Zip Code <b>FL</b>

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	<b>PVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAGG, THOMAS</b>	1.2 NAME	<b>Spragg, Thomas</b>
STREET ADDRESS	<b>4945 SOUTH ARDEN TERRACE</b>	1.3 STREET ADDRESS	<b>4953 S. Arden Terrace</b>
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	1.4 CITY-ST-ZIP	<b>Inverness FL 34452</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAGG, THOMAS</b>	2.2 NAME	<b>Spragg, Thomas</b>
STREET ADDRESS	<b>4945 SOUTH ARDEN TERRACE</b>	2.3 STREET ADDRESS	<b>4953 S. Arden Terrace</b>
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	2.4 CITY-ST-ZIP	<b>Inverness FL 34452</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **Thomas Spragg** **4-27-98** **352-633-0037**

CR2E034 (10/97)