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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90091 026 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000026854**1. Corporation Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

WILKIE'S PEST CONTROL, INC.

Principal Place of Business Mailing Address							I IMMINES LIS SHILL GLASS BAILS OF		:=:= 9::E: 10:01	2121 1881
2522 TAMARIND DR			2522 TAMARIND DR			;				
EDGEWATER FL 32141 EDGEWATER FL 32			SEWATER FL 32141	i ,			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
ļ							04/01/1994			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					59-3238358			t Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27	Otto B District							·
City & Stat	é		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be o Fees
Zip	Country	28 =	Zip	Cou	intry		This corporation owes the cur			0,1,000,100,100,100,100,100,100,100,100
24	25	29		30	,		Personal Property Tax.	rone your me	Yes	□No
	9. Name and Address of Curre		tered Agent	11			10. Name and Address of New	Registered	Agent	
					81	Name				
1	KIE, MARILYN				82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
2522 TAMARIND DR										
EDG	EWATER FL 32141				83					
					84	City		. FI	85 Zip (Code
								FL		
11, Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60 of Florid	07.1508, Florida Statut la. Such change was a	es, the a uthorized	bove- 1 by th	-named corpor he corporation	ration submits this statement for the I's board of directors. I hereby acce	purpose of pt the appoin	cnanging its ntment as re	registerea gistered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flo	rida Stat	utes.	•	-			1
SIGNATURE	Signature, typed or printed name of registered age	-1 16H2 :	(NOTE	· Degisteres	Agont	signature required v	when reinstating)	DATE		
12.	OFFICERS At			13.	ryon	aightato o required s	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	р .		☐ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	WILKIE, MARILYN									
STREET ADDRESS				1.2 N	AME					1
CITY-ST-ZIP						ADDRESS				Ì
				1.3 \$						<u>.</u>
TITLE	EDGEWATER FL		☐ DELETE	1.3 \$	TY-ST-				☐ Change	Addition
TITLE			☐ DELETE	1.3 S	TY-ST- TLE				☐ Change	Addition
			☐ DELETE	1.3 S ² 1.4 Cl 2.1 Tl 2.2 No	TY-ST- TLE AME			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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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 chapted, or on an attachment with an asset essay with all other like empowered.

3-15-99