

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90037 040 \*\*\*150.00

0492345

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000062134

1. Corporation Name  
SPRING HILL PEST CONTROL INC.



|  |  |
|--|--|
| Principal Place of Business<br>13561 COOPER RD<br>SPRING HILL FL 34609<br>US | Mailing Address<br>13561 COOPER RD<br>SPRING HILL FL 34609<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                        |  |                                |  |
|--------------------------------|------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>08/18/1994  | 4. FEI Number<br>59-3265250    | Applied For<br><input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |  |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |  |
| 23 Zip Country                 | 28 Zip Country         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |
| 24 Zip Country                 | 29 Zip Country         | 30   |                                |  |

|   |  |   |    |             |
|---|--|---|----|-------------|
| 9. Name and Address of Current Registered Agent             |  | 10. Name and Address of New Registered Agent          |    |             |
| SIMONE, FRANK A<br>13561 COOPER RD.<br>SPRING HILL FL 34609 |  | 81 Name   |    |             |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |    |             |
|   |  | 83  |    |             |
|   |  | 84 City   | FL | 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMONE, FRANK A                    | 1.2 NAME  |   |
| STREET ADDRESS             | 13561 COOPER ROAD                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SPRING HILL FL 34609               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMONE, JANICE L                   | 2.2 NAME  |   |
| STREET ADDRESS             | 13561 COOPER RD                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SPRING HILL FL 34609               | 2.4 CITY-ST-ZIP                                       |   |
| 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, with all other like empowered.

SIGNATURE: *Janice L. Simone* DATE: 4-9-99 DAYTIME PHONE #: 352-688-2847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)