

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041393 (6)

1. Corporation Name

PREVAIL PEST CONTROL, INC.

Principal Place of Business

4725 N. LOIS AVE.
SUITE 101
TAMPA FL 33614

Mailing Address

4725 N. LOIS AVE.
SUITE 101
TAMPA FL 33614



3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 1309 W. BAKER STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1309 W. BAKER STREET

Suite, Apt. #, etc.

City & State

23 PLYMOUTH CITY FL.

City & State

28 PLYMOUTH CITY FL

Zip

Country

24 33566

25 FL.

Zip

Country

29 33566

30 FL.

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

MELANSON, BRUCE
4725 N. LOIS AVE.
SUITE 101
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name BRUCE MELANSON

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

1309 W. BAKER STREET

83

84 City PLYMOUTH CITY

FL

85 Zip Code 33566

11. Pursuant to the provisions of Sections 607.0602 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

(If the Registered Agent signature is required when registering)

2-5-96

Date:

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME MELANSON, BRUCE
STREET ADDRESS 4725 N. LOIS AVE., #101
CITY-STATE-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

300001727633
-02/29/96--01022--019
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

Date:

813 759-6857

Daytime Phone: