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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

ANNUAL REPORT Secretary of State 1999

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90044 013 ***150.00

1. Corporation	MENT # P95000 L PEST CONTROL, INC.	041393							
Principal Place	e of Business	Mailing Address				1 19411991 119 18181 BILL BELLE			
1202 W. BAKEF		1202 W. BAKER STREET				1 .			
PLANT CITY FL	L 33566	PLANT CITY FL 33566				DO NOT WR	ITE IN THIS	SPACE	
					3. Date	Incorporated or Qualifed			
					05/	22/1995			
2. Principal P	Pace of Business	2a. Mailing Address			1	Number '		Ap	plied For
21 5700	9 GHICHEN LANG		<u>ne</u>		59-	3339487	_		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Cert	ifcate of Status Desired		\$8.75 A	
22		27 City & Charte				<u> </u>			•
City & Stat	% 4L	City & State	<u> </u>			tion Campaign Financing t Fund Contribution		\$5.00 Added to	
Zip /	Country	Zip	Country			corporation owes the cur	rent year Inta		□No
24 7/156	25 USF	29	30			onal Property Tax. ne and Address of New	Registered A		□ NO
	9. Name and Address of Curren	it Registered Agent	81	Name	10. 14011		regional o		
MEL	ANSON, BRUCE			<u> </u>	(0.0.0	! b(-blo\		
	2 w baker st		82	Street Ad	idress (P.O. B	lox Number is Not Accept	apie)		
PLA	NT CITY FL 33566		83			-			
			84	City		:		85 Zip C	Code
			04	City		ŧ.	FL		
				l		14 44 1 -4-4 4 4 41		-bi-a ita	rogiotorod
office or t	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flor	uthorized by rida Statutes	the corpora	ation's board o	of directors. I hereby acce	purpose of opt the appoir	changing its itment as reg	registered gistered
office or ਸ agent. I ਗ	registered agent, or both, in the State arm familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was a tions of, Section 607.0505, Flor	uthorized by rida Statutes	the corpora	ation's board o	of directors. I hereby acce	DATE		RS IN 12
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14. 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 frue 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS