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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500066061 (9)

NELSON'S PEST CONTROL, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
9351 NILE DR	9351 NILE DR. NEW PORT RICHEY FL 3465							
NEW PORT RICHEY FL 34655		HEW FORE RICHET PL 34033			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						08/21/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26	6			59-3334920 Not Ap		ot Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
		27			G. Certificate of States Desired	Fee Re	equired	
	City & State City & State					6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	}¬ ^Z p ⊢	Country			8. This corporation owes or has paid the curr		
24	25	29 30				<u> </u>		No
	g, Name and Address of Current	Hegistered Agent	8	at 6.	ame	10. Name and Address of New Registered A	rgent	
	LSON, DIANE		l°	' N	airie			
	1 NILE DR.		62 Street Addre			ss (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34655			8:	3				
			8	4 Ci	dv		85 Zip	Code
			- 1		•	FL		
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								
12.	OFFICERS AND		13.	geni sig	palure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	0C INI 12
TITLE	DS OFFICE AND	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
NAME	NELSON, DIANE		1.2 NAME					La radion
STREET ADDRESS	9351 NILE DR.		1.3 STREET		orce			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY					
TITLE	PTD	DELETE	2.1 TITLE		_		Change	Addition
NAME	NELSON, DAVID	_	2.2 NAM					
STREET ADDRESS	9351 NILE DR		2.3 STREET ADDRESS		asce			
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		2. 4 CITY - ST - ZIP					
TITLE	VP	DELETE 3.1			<u>'</u>		Change	Addition
NAME	MURRAY, JOHN	_	3.2 NAME				. •	
STREET ADORESS	3919 ANITA WAY		3.3 STREE		RESS			
CITY+ST-ZIP	NEW PORT RICHEY FL 34655		3.4. CITY					
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	ET ADDI	RESS			
CITY-ST-ZIP			4.4 CITY	· ST - ZIF	,			1
TITLE		☐ DELETE	5 1 TITLE		·	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			5.2 NAME	E				
STREET ADORESS			5.3 STREI	ET ADDI	RESS			
CITY-SI-ZIP			5.4 CITY-	ST-ZIF	.			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					Ì
STREET ADDRESS			6.3 STREI	ET ADDI	RESS			1
CITY-ST-ZIP			64 CITY-	ST-ZIF				

14. Thereby 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 suppliemental 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.

812. 372.1175

CR2E034 (10/97)