

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000009847 (0)**

1. Corporation Name  
**PORT CHARLOTTE PEST CONTROL, INC.**



Principal Place of Business <b>3314 HARBOR BLVD PORT CHARLOTTE FL 33914</b>	Mailing Address <b>3314 HARBOR BLVD PORT CHARLOTTE FL 33952-8004</b>
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3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>2203 CORNWALLIS PKY.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2203 CORNWALLIS PKY.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0638954</b>	Applied For Not Applicable
22 City & State 23 <b>CAPE CORAL FL</b>	27 City & State 28 <b>CAPE CORAL FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33904</b>	25 Country <b>US</b>	29 Zip <b>33904</b>	30 Country <b>US</b>

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCKINNEY, LANCE  
4635 S DEL PRADO BLVD  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIER, PAUL</b>	1.2 NAME	<b>SCHIER, PAUL</b>
STREET ADDRESS	<b>3314 HARBOR BLVD</b>	1.3 STREET ADDRESS	<b>2203 CORNWALLIS PKY.</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL 33914</b>	1.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D P S T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SCHIER, BARBARA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2203 CORNWALLIS PKY.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>
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 do 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.

**SIGNATURE:** *Sandra B. Mortham* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-29-97** Daytime Phone # **941 540 8445**

CR2E034 (9/96)