

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90074 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000085094**

1. Corporation Name
A TO Z PEST CONTROL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1710 1/2 LOUISE AVE. PANAMA CITY FL 32401	Mailing Address 1710 1/2 LOUISE AVE. PANAMA CITY FL 32401
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3. Date Incorporated or Qualified
10/05/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

ROBERTS, JULIAN WAYNE
1706 LOUISE AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, BRIAN PAUL	
STREET ADDRESS	316 BRANDYWINE BLVD.	
CITY-ST-ZIP	THIBODAUX LA 70301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ISAAC PAUL JR	
STREET ADDRESS	316 BRANDYWINE BLVD.	
CITY-ST-ZIP	THIBODAUX LA 70301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, JULIAN WAYNE	
STREET ADDRESS	1706 LOUISE AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTS, BRIAN PAUL	
1.3 STREET ADDRESS	316 BRANDYWINE BLVD.	
1.4 CITY-ST-ZIP	THIBODAUX, LA 70301	
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phylis Roberts	
2.3 STREET ADDRESS	316 Brandywine Blvd.	
2.4 CITY-ST-ZIP	Thibodaux, LA 70301	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JULIAN WAYNE ROBERTS	
3.3 STREET ADDRESS	1706 LOUISE AVE	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 (504) 447-1213
 Date Daytime Phone #

CR2E034 (11/98)