

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # S70464 (0)
 1. Corporation Name
 S.O.S. PEST CONTROL, INC.



Principal Place of Business
 16231 ASHLAND AVENUE
 PORT CHARLOTTE FL 33954
 US

Mailing Address
 P.O. BOX 2410
 PORT CHARLOTTE FL 33949
 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 08/02/1991

4. FEI Number
 65-0262788
 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 or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

MATTHEW, JAMES R
 22212 MONTROSE AVE.
 PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 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
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLECKNA, STANLEY E.	
STREET ADDRESS	16231 ASHLAND AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLECKNA, CHARLENE	
STREET ADDRESS	16231 ASHLAND AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002604130
 -07/31/98--01058--005
 ***150.00

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.

SIGNATURE

CR2E034 (5/98)

Handwritten initials/signature

To: Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

From: SOS Pest Control, Incorporated
16231 Ashland Ave.
Port Charlotte, Florida 33954
(Mailing Address P.O. Box 2410
Port Charlotte, Florida 33949)

Date: July 16, 1998

Re: 2nd. Notice Filing Fee

I have just received a 2nd. notice for 1998 Profit Corporation Annual Report. Stating that our Corporation fee is delinquent and now we must pay \$ 550.00 fine. As I have gone through all our Tax Files I do not remember getting the booklet for 1998. I have also checked with our accountant and he also has not seen one. On our Booklet is states our address as NC....when in fact it is PC for Port Charlotte, Fl. . I am not stating that this is an excuse, but it could in fact have been an error of the delivery of our 1st. Booklet.

I have checked our previous records and have seen that we have never been delinquent in our Corp. Tax and since this incident I have now entered in our Quick books Program to remind us of Corp. Taxes for 1999.

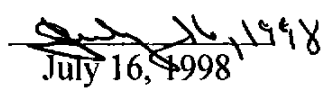
I am asking you with much respect, is there anyway that this penalty can be lifted or waived for Corporation for 1998.

I have enclosed a check # 2375 in the amount of \$ 150.00 for the year of 1998.

If you feel the need to contact me please feel free to do so. I can be reached at 1-941-743-6020 / P.O.Box 2410, Port Charlotte, Fl. 33949 or e-mail at sospest@peganet.com

I sincerely appreciate your help in this review of our 1998 Corp. Tax.


Stanley E. Oleckna - Pres.


July 16, 1998