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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V33393

1. Corporation Name
FIREMAN TERMITE AND PEST CONTROL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
106 MCCLURE DR
GULF BREEZE FL 32562

Mailing Address
106 MCCLURE DR
GULF BREEZE FL 32562

3. Date Incorporated or Qualified
05/01/1992

4. FEI Number
59-3154934

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

LOGAN, MARY EDNA
106 MCCLURE DR
GULF BREEZE FL 32562

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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: _____ Date: June 29, 1999 Daytime Phone #: 850-932-9288

CR2E034 (1/198)