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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60525

(7)

A-BANIS	H PEST CONTROL, INC.	``					
Principal Place of Business 28801 104TH DR EAST MYAKKA CITY FL 34251		Mailing Address 28001 104TH DR EAST			I BUBU DIBU BUBU BABU BABU		
MTAKKA CHT I US	FL 34251	MYAKKA CITY FL 34251-966- US	•				
					3. Date Incorporated or Qualified	3a. Date of La	st Report
					03/23/1990	04/30/199	6
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0177853		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				Fe	e Required
City & Stat	to	City & State			6. Election Campaign Financing		00 May Be
23 7m	Country	28 Zip	Country		Trust Fund Contribution		sed to Fees
Zip	Country)	– , ´	,	8. This corporation has liability fo	r intangible tax und Yes No	er s. 199.032,
24	25 9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New R		
חבפו	RUYNE, PHYLLIS		81	Name	10.		
7037 S. TAMIAMI TRAIL SUITE D			62	Street A	Address (P.O. Box Number is Not Accepta	aple)	
	ASOTA FL 34231		83		· · · · · · · · · · · · · · · · · · ·		
OAN.	NOUTA FE 34231						
			84	City		FL 85 1	Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Age		corporation submits this statement for the oration's board of directors. I hereby acc- required when reinstating)	DATE	
12.	OFFICERS AN	AND DIRECTORS 1.1		····	ADDITIONS/CHANGES TO OFF		
THILE	•					L. Char	nge [_] Addition
NAME	TAULBEE, GREGORY A 28801 104TH DRIVE EAST		1.2 NAME				
STREET ADDRESS	ANIALIZA OPPI PI		1.3 STREET				
CHY-ST-7# TITLE	The second secon		1.4 City-S 2.1 Title	1.716	######################################	Char	nge Addition
NAME			2.2 NAME	1			
STREET ADDRESS	28801 104TH DRIVE EAST		2.3 STREET	ADDRESS			
CHY-ST-ZIP	MYAKKA CITY FL	2 4 CiTY-S		- 1			
TITLE	DELETE		3.1 TITLE			☐ Char	nge Addition
NAME.	3.2		3.2 NAME				
STREET ADORESS			3.3 STREET	ADDRESS			
CHY-ST-ZIP			3.4. CITY-1	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Char	nge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	11 - ZEP			
TITLE	DELETE 5.1 T		5.1 TITLE			☐ Chair	nge
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
Caty - St - ZiP		······································	5.4 CITY-S	T-ZIP			
TI*LF		☐ DELETE	6.1 TITLE			Char	nge Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET	i i			
CITY - ST - ZIP			6.4 CITY - S	T-ZIP			

SIGNATURE:

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. 2-2162

FILED

Apr 22 1997 8:00am

Secretary of State