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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J38769

(2)

INDEPENDENT TERMITE INSPECTORS AND CONSULTANTS, INC.

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 207 MAGNOLIA RD P.O. BOX 1357 WINTER SPRINGS FL 32708 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/21/1986 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-2765443 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes Yes □ No 29 Personal Property Tax due June 30. 30 s. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MAROHESANO, DENNIS A. Name 207 MAGNOLIA RD. **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 84 City 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 Signature typed or printed name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTVS DELETE Change Addition TITLE 11 TITLE NAME MARCHESANO, DENNIS A. 1.2 NAME 207 MAGNOLIA RD STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

5.4 CITY-ST-7IP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

61 THLE

6.2 NAME

DELETE

DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

Demos a Marchesaro

3-30-97

407-647-5252

Change

Change

Change

Addition

Addition

Addition

XRZE034 (10/97)