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

FILED Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra, B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L60525 A-BANISH PEST CONTROL, INC. Principal Place of Business Mailing Address/ 28801 104TH DR EAST 28801 104TH DR EAST MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0177853 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DEBRUYNE, PHYLLUS D Greataulo 7037 TAMIAMI TRAIL 82 Street 83 City R4 myakk 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 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 agent. I am tapiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE TAULBEE, GREGORY A NAME 1.2 NAME **288**01 104TH DRIVE EAST STREET ADDRESS 1.3 STREET ADDRESS MYAKKA CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE 2.1 TITLE Change Addition TITLE TAULBEE, JUDITH L NAME 22 NAME **288**01 104TH DRIVE EAST STREET ADDRESS 2.3 STREET ADDRESS MYAKKA CITY 51 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition IILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **5:1** STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TERLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 'Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 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 amfan 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. 941-327-2162 2/21/08