

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

FILED  
May 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000074627 (9)**

1. Corporation Name

**CITRUS PEST CONTROL, INC.**



Principal Place of Business

Mailing Address

**4945 SOUTH ARDEN TERRACE  
INVERNESS FL 34452**

**4945 SOUTH ARDEN TERRACE  
INVERNESS FL 34452**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/21/1993**

4. FEI Number

**59-3210184**

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

2. Principal Place of Business  
21 **4953 S. Arden Terr**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **4953 S. Arden Terr.**  
Suite, Apt. #, etc.

22 City & State  
23 **Inverness FL**

27 City & State  
28 **Inverness FL**

24 Zip **34452** 25 Country **Citrus**

29 Zip **34452** 30 Country **Citrus**

9. Name and Address of Current Registered Agent

**KOVACT, MICHAEL  
7731 OLD FLORAL CITY RD  
SUITE 1  
FLORAL CITY FL 34436**

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

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 **PVST** ☐ DELETE  
NAME **SPRAGG, THOMAS**  
STREET ADDRESS **4945 SOUTH ARDEN TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ DELETE  
NAME **SPRAGG, THOMAS**  
STREET ADDRESS **4945 SOUTH ARDEN TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVST** ☒ Change ☐ Addition  
1.2 NAME **Spragg, Thomas**  
1.3 STREET ADDRESS **4953 S. Arden Terrace**  
1.4 CITY-ST-ZIP **Inverness FL 34452**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Spragg, Thomas**  
2.3 STREET ADDRESS **4953 S. Arden Terrace**  
2.4 CITY-ST-ZIP **Inverness FL 34452**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 **Thomas Spragg**

**41-37-98**

**352-633-0037**

CR2E034 (10/97)