

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90226 004 ***150.00

DOCUMENT # **K04977**

1. Corporation Name

ALL IN ONE PEST CONTROL, INC.

Principal Place of Business

% JOSEPH M. GALLO
10910 STACY LANE
BOCA RATON FL 33428

Mailing Address

% JOSEPH M. GALLO
10910 STACY LANE
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1987

4. FEI Number

65-0026042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

4721 NW 5th Lane

2a. Mailing Address

4721 NW 5th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

Zip

33431

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLO, JOSEPH M.
10910 STACY LANE
BOCA RATON FL 33428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4721 NW 5th Lane

83

84 City **Boca Raton**

FL

85 Zip Code **33431**

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]*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4/21/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GALLO, JOSEPH M.**
CITY-ST-ZIP **10910 STACEY LANE**
BOCA RATON FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4721 NW 5th Lane**
1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **GALLO, GAIL**
CITY-ST-ZIP **10910 STACEY LANE**
BOCA RATON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4721 NW 5th Lane**
2.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)