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 #

(3)

PETRI'S POSITIVE PEST CONTROL, INC.

Principal Place of Business	Mailing Address	a located state state along along and a mater and a mater and a grate state atom cont
737 S.W. 9TH TERRACE	737 S.W. 8TH TERRACE	

FILED Apr 21 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE
ate Incorporated or Qualified

			TOMITHIO CENTRAL MADES TOLI		DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualified				
							01/01/1959				
2. Principal Place of Bu	siness	2a. M	ailing Address	·			4. FEI Number	Ar	plied For		
21		28					59-0865900	No	t Applicable		
Suite, Apt #, etc.		Sı	Suite, Apt. #, etc.				5. Certificate of Status Desired	5 Cortificate of Status Decired S8.75 Additions			
22	27					Fee Required					
City & State	L C	City & State				6, Election Campaign Financing \$5.00 May Be					
23	28				Trust Fund Contribution Added to Fees				to Fees		
Zip	Country	Z1	þ	·	ountry		8. This corporation owes or has paid the curre				
24	[25]	29		30] No		
9, Ner	ne and Address of Curren	t Register	ed Agent		81	Mana	10. Name and Address of New Registered A	gent			
HENRY C. PETRI					81 Name						
2780 N.E					82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
POMPANO) BEACH FL 33061										
					83						
					84	City	<u> </u>	85 Zip	Code		
							FL FL	<u> </u>			
11. Pursuant to the pro-	visions of Sections 607.0503	2 and 607.	1508, Florida Statute	es, the	above	e-named corp	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoi	hanging it	s registered registered		
agent I am familiar	with, and accept the obliga	ations of S	ection 607.0505, Flo	orida S	tatutes	6.	tions board of directors. Thereby decept the appear	minorit do	rogistorou		
SIGNATURE											
Signature, ty	and or printed name of registered age	 	·			ent signature raqui	red when reinstating) DATE				
12.	OFFICERS AND	DIRECTO		13			ADDITIONS/CHANGES TO OFFICERS AND I	Change	RS IN 12 Addition		
TITLE COE			☐ DELETE		TITLE		L		Aguition		
	RI,HENRY C			- 1	? NAME						
I = :	O N.E. 9T CT.					ADDRESS					
	IPANO FL			_	CITY-S	T-ZIP		70	T 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
TITLE			DELETE		TITLE		L	Change	Addition		
	ANAGH, BRENDEN			ı i	NAME						
t I	B N.W. 37T STREET			2.3	STREET	ADORESS					
	RRAL SPRINGS FL				4 GITY - 5	ST-ZIP		٠	1		
TITLE STD			DELETE		TITLE		L to the second	Change	Addition		
	RI, RUTH			4	NAME	ļ	· · ·				
	O N.E. 9TH CT					ADDRESS					
	MPANO FL				L CITY-S	ST-ZIP		T 61	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE			DELETE		TITLE		L	Change	Addition		
NAME				4.3	2 NAME	-					
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-ST-ZIP					CITY-S	T-ZIP					
TITLE			DELETE	1	TITLE		L	Change	Addition		
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST-ZIP		<u> </u>		5.4	CITY-S	T-ZIP		_			
TITLE			☐ DELETE	6.1	TITLE			Change	■ Addition		
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRESS					
CiTY-ST-ZiP				6.4	CITY-S	iT-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 changes on an attachment with an address.

X 3-25-98 X781-4100