

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **244785** (2)
1. Corporation Name
REDD PEST CONTROL OF FLORIDA INC



Principal Place of Business 250 S. PACE BLVD. PENSACOLA FL 32501	Mailing Address 250 S. PACE BLVD. PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/16/1961	
4. FET Number 59-0918257		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**TATE, EDWARD D.
4575 VOYAGER DRIVE
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name	DAVE W. LINDER
82 Street Address (P.O. Box Number is Not Acceptable)	3113 FAYAL DR
83	
84 City	Pensacola
85 FL	32526

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 DAVE W. LINDER, MGR. Don 3-24-98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDD, RICHARD	1.2 NAME	
STREET ADDRESS	7055 EDGEWATER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDD, MRS. RICHARD	2.2 NAME	
STREET ADDRESS	7055 EDGEWATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURWELL, C.L. JR.	3.2 NAME	
STREET ADDRESS	125 MARBLEHEAD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTMAN, R.C.	4.2 NAME	
STREET ADDRESS	112 HAMPTON CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Don 3-24-98

CR2E034 (10/97)