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

AMENDED

~~PROFIT~~
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 JUL 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 343778

1. Corporation Name
LEONARD M. KING PEST CONTROL, INC.

Principal Place of Business	Mailing Address
2111 S.W. 60TH WAY MIRAMAR FL 33023 US	PO BOX 3636 MIRAMAR FL 33083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified
03/28/1969

4. FEI Number
59-1237515
☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, LEONARD M
2111 SW 60TH WAY
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name KING, PATRICIA D.
82 Street Address (P.O. Box Number is Not Acceptable) 2111 SW 60 WAY
83
84 City MIRAMAR FL 85 Zip Code 33023

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 _____ 7/21/99
Signature, typed or printed name of registered agent and title if applicable (Both) (New Initial Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, LEONARD M		1.2 NAME	00000294058O--0
STREET ADDRESS	1801 SW 115TH AVE DECEASED 6/22/99		1.3 STREET ADDRESS	-07/23/99--01094--012
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VDST	☐ DELETE	2.1 TITLE	PRES/SEC ☑ Change ☐ Addition
NAME	DANIELS KING PATRICIA A.		2.2 NAME	DANIELS-KING, PATRICIA A.
STREET ADDRESS	1801 SW 115TH AVE		2.3 STREET ADDRESS	1801 SW 115 AVE
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	DAVIE, FL. 33325
TITLE		☐ DELETE	3.1 TITLE	VICE PRES ☐ Change ☑ Addition
NAME			3.2 NAME	DANIELS-ROGERS, MARCIA
STREET ADDRESS			3.3 STREET ADDRESS	187 SW 120 WAY
CITY-ST-ZIP			3.4 CITY-ST-ZIP	DAVIE, FL. 33325
TITLE		☐ DELETE	4.1 TITLE	TREAS. ☐ Change ☑ Addition
NAME			4.2 NAME	ROGERS, RODNEY
STREET ADDRESS			4.3 STREET ADDRESS	187 SW 120 WAY
CITY-ST-ZIP			4.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: _____ 7/21/99
DATE 954-961-2600

CR2E034 (11/98)