

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **383343** (1)

1. Corporation Name
ACE PROFESSIONAL PEST CONTROL, INC.



Principal Place of Business: **1091 KAPP DR CLEARWATER FL 34625-2112**
Mailing Address: **1091 KAPP DR CLEARWATER FL 34625-2112**

3. Date Incorporated or Qualified: **06/07/1971**
3a. Date of Last Report: **07/21/1995**
4. FEI Number: **59-1375879**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**EDDY, ROBERT K. ESQ.
777 SOUTH HARBOUR ISLAND BOULEVARD
SUITE 220
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **808 W. DELEON STREET**
83.
84. City: **TAMPA** FL 85. Zip Code: **33606**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LAMKIN, DOUG	
STREET ADDRESS	1424 BAYLAN AVENUE	1738 Biarritz Cir
CITY - ST - ZIP	CLEARWATER FL	Tarpon Springs, FL
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	STOVER, WILLIAM JONATH	
STREET ADDRESS	4213 ELBA PLACE	
CITY - ST - ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D Steve CRAIG
33 STREET ADDRESS	1091 KAPP Drive
34 CITY - ST - ZIP	CLEARWATER, FL 34625
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D Day, Steven
43 STREET ADDRESS	1091 KAPP Drive
44 CITY - ST - ZIP	CLEARWATER, FL 34625
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Douglas W Lamkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 (813) 461-4344

CR2E034 (12/95)