

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90027 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 386132

1. Corporation Name  
WRIGHTWAY PEST CONTROL, INC.



Principal Place of Business 3181 NE THIRD AVENUE OAKLAND PARK FL 33334 US	Mailing Address 3181 NORTHEAST THIRD AVENUE OAKLAND PARK FL 33334 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3181 NE 3 AVE Suite, Apt. #, etc. 22 - City & State 23 OAKLAND PARK, FL Zip 24 33334 Country 25 Broward		2a. Mailing Address 26 3181 NE 3 AVE Suite, Apt. #, etc. 27 - City & State 28 OAKLAND PARK, FL Zip 29 33334 Country 30 Broward		3. Date Incorporated or Qualified 07/29/1971	
4. FEI Number 59-1356215		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		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WRIGHT, ROBERT C 3181 NE 3RD AVENUE OAKLAND PARK FL 33334		10. Name and Address of New Registered Agent 81 Name Robert C. WRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 3181 NE 3 AVE 83 OAKLAND PARK, FL 84 City OAKLAND PARK, FL FL 85 Zip Code 33334	
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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 Robert C. Wright Pres Robert C. Wright 26 April 99  
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT C	1.2 NAME	
STREET ADDRESS	3221 S W 19TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CAROL F.	2.2 NAME	
STREET ADDRESS	3221 S W 19TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT C	3.2 NAME	
STREET ADDRESS	3221 S W 19TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Robert C. Wright Robert C. WRIGHT 26 Apr 99 (954)  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 5220

CR2E034 (11/98)