

5-6-91 B-2-115 NC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 390069 (3)

1. Corporation Name
TRAVIS PEST MANAGEMENT, INC.

Principal Place of Business
2541 SE CLAYTON STREET
STUART FL 34997-5017
US

Mailing Address
P O BOX 1806
STUART FL 34995-1806
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1971		3a. Date of Last Report 04/18/1996	
21	26	4. FEI Number 59-1363454		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent TRAVIS, GERALD P 2541 CLAYTON ST STUART FL 34997				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				86 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TRAVIS, GERALD 1275 NW PINE LAKE DR STUART FL	1.1 TITLE	Change Addition
NAME	DVS TRAVIS, BERTIE 1275 NW PINE LAKE DR STUART FL	1.2 NAME	Change Addition
STREET ADDRESS	D TRAVIS, GERALD J 12013 FRUITWOOD DR RIVERVIEW FL	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	D JONES, KAREN 932 BROWNING AVE PT ST LUCIE FL	1.4 CITY-ST-ZIP	Change Addition
TITLE	D TRAVIS, CHRISTOPHER 7611 NW 40 CT CORAL SPRINGS FL	2.1 TITLE	Change Addition
NAME	D POLLARD, ANITA 11780 - 161 ST. NO. JUPITER FL	2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

14. I do 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: *Gerald P. Travis* *Gerald P. Travis Pres* 2-27-97 (61) 287-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone #

CR2E034 (9/96)