

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90111 027 ***150.00

DOCUMENT # 390069

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 1906
STUART FL 34995-1906
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1971

4. FEI Number

59-1363454

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PD
NAME TRAVIS, GERALD
STREET ADDRESS 1275 NW PINE LAKE DR
CITY-ST-ZIP STUART FL**

**TITLE DVS
NAME TRAVIS, BERTIE
STREET ADDRESS 1275 NW PINE LAKE DR
CITY-ST-ZIP STUART FL**

**TITLE D
NAME TRAVIS, GERALD J
STREET ADDRESS 12013 FRUITWOOD DR
CITY-ST-ZIP RIVERVIEW FL**

**TITLE D
NAME JONES, KAREN
STREET ADDRESS 792 NW WATERLILY PL
CITY-ST-ZIP JENSEN BEACH FL 34957**

**TITLE D
NAME TRAVIS, CHRISTOPHER
STREET ADDRESS 560 GREENSPRINGS PL
CITY-ST-ZIP WEST PALM BEACH FL 33409**

**TITLE D
NAME POLLARD, ANITA
STREET ADDRESS 1222 TERRYSTONE CT
CITY-ST-ZIP FT LAUDERDALE FL 33326**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Handwritten Signature: Gerald P. Travis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99
Date

561/287-7411
Daytime Phone #

CR2E034 (1/98)