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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 442017 (0)

1. Corporation Name
WEST ORANGE PEST CONTROL, INC.



Principal Place of Business
38 WEST VINING
WINTER GARDEN FL 34787

Mailing Address
38 WEST VINING
WINTER GARDEN FL 34787-3566

3. Date Incorporated or Qualified 12/18/1973
3a. Date of Last Report 06/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1508350		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

JENKINS (JAMES)
38 WEST VINING
WINTER GARDEN FL 34787

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JENKINS, MITCHELL CRAIG 38 WEST VINING ST WINTER GARDEN, FL 00000	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, MITCHELL CRAIG	1.2 NAME	
STREET ADDRESS	38 WEST VINING ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SVT JENKINS, ROBIN 38 WEST VINING ST. WINTER GARDEN, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ROBIN	2.2 NAME	
STREET ADDRESS	38 WEST VINING ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D JENKINS, III JAMES P 38 WEST VINING ST WINTER GARDEN, FL 00000	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, III JAMES P	3.2 NAME	James, III James P
STREET ADDRESS	38 WEST VINING ST	3.3 STREET ADDRESS	38 West Vining St
CITY - ST - ZIP	WINTER GARDEN, FL 00000	3.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	V JENKINS, JAMES P 38 WEST VINING ST WINTER GARDEN, FL 00000	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JAMES P	4.2 NAME	Jenkins, James P
STREET ADDRESS	38 WEST VINING ST	4.3 STREET ADDRESS	38 West Vining St
CITY - ST - ZIP	WINTER GARDEN, FL 00000	4.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE		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		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 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: *James P. Jenkins* James P. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-13-97 (407) 656-4507
Daytime Phone

CR2E034 (9/96)