


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

FILED  
May 09 1997 8:00am  
Secretary of State

|                                                                                                     |  |                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                                                  |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 444318 (0)</b><br>1. Corporation Name<br><b>SUNCOAST EXTERMINATORS OF TAMPA, INC.</b> |  |                                                                                                                                                                                                |  |
| Principal Place of Business<br><b>3601 SWANN AVE STE 108</b><br><b>TAMPA FL 33609</b>               |  | Mailing Address<br><b>3601 SWANN AVE STE 108</b><br><b>P.O. BOX 10421</b><br><b>TAMPA FL 33679-0421</b><br><b>US</b>                                                                           |  |



|                                                                                                                                                                                             |  |                                                                                                                                                                               |  |                                                                                                                                                     |  |                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 <b>SEE CHANGE ABOVE</b><br>Suite, Apt. #, etc.<br>22 <b>3601 SWANN AVE, STE#108</b><br>City & State<br>23 <b>TAMPA, FLA.</b><br>Zip<br>24 <b>33609</b> |  | 2a. Mailing Address<br>26 <b>SEE CHANGES ABOVE</b><br>Suite, Apt. #, etc.<br>27 <b>P.O. BOX 10421</b><br>City & State<br>28 <b>TAMPA, FLA.</b><br>Zip<br>29 <b>33679-0421</b> |  | 3. Date Incorporated or Qualified<br><b>01/17/1974</b>                                                                                              |  | 3a. Date of Last Report<br><b>04/29/1996</b>           |  |
|                                                                                                                                                                                             |  |                                                                                                                                                                               |  | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                              |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
|                                                                                                                                                                                             |  |                                                                                                                                                                               |  | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        |  | <b>\$8.75</b> Additional Fee Required                  |  |
|                                                                                                                                                                                             |  |                                                                                                                                                                               |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               |  | <b>\$5.00</b> May Be Added to Fees                     |  |
|                                                                                                                                                                                             |  |                                                                                                                                                                               |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |

|                                                                                                                                      |  |  |  |                                                                                                                                                            |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>ESCHBACH, FRANCE</b><br><b>3601 SWANN AVE STE 108</b><br><b>TAMPA FL 33609</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 |                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PDS</b> <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ESCHBACH, FRANCE</b>                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>15449 LAKESHORE CILLA CIRCLE LOT 278</b> | 1.3 STREET ADDRESS                                    | <b>8091 E. SPIKEMOSS LANE</b>                                     |
| CITY - ST - ZIP            | <b>TAMPA FL</b>                             | 1.4 CITY - ST - ZIP                                   | <b>INVERNESS, FLA. 34450</b>                                      |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOYER, MARY</b>                          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>218 HILLSIDE DR</b>                      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>SEFFNER FL 33584</b>                     | 2.4 CITY - ST - ZIP                                   | <b>ZIP 33584</b>                                                  |
| TITLE                      | <input type="checkbox"/> DELETE             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                             | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                             | 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.

SIGNATURE: **FRANCE ESCHBACH**  
**FRANCE ESCHBACH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28, 1997** 813-876-5097  
Date Daytime Phone

CR2E034 (9/96)