

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 450975 (8)

1. Corporation Name  
SECURITY PEST CONTROL OF CITRUS, INC.

Principal Place of Business

2258 N FLORIDA AVE  
POST OFFICE BOX 570  
HERNANDO FL 34442  
US

Mailing Address

U.S. HIGHWAY 41 SOUTH  
P.O. BOX 570  
HERNANDO FL 34442-0570  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1974

4. FEI Number

59-1592861

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2258 N Florida Ave

Suite, Apt. #, etc.

22 HERNANDO

City & State

23 FL

Zip

24 34442

Country

25 CITRUS

2a. Mailing Address

26 PO Box 570

Suite, Apt. #, etc.

27 HERNANDO, FL

City & State

28 34442

Zip

29 CITRUS

Country

30

9. Name and Address of Current Registered Agent

PILLSBURY, DAVID A  
U.S. 41 S.  
P.O. BOX 570  
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

SARAH PILLSBURY

82 Street Address (P.O. Box Number is Not Acceptable)

4221 E WITHLACOOCHIE TRAIL (PO Box 488)

83

HERNANDO

84 City

FL

85 Zip Code

34442

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

Sarah Pillsbury President Sec. Treasurer

1/98  
DATE

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME PILLSBURY, DAVID A  
STREET ADDRESS COUNTY RD, #39 POB 488  
CITY-ST-ZIP HERNANDO FL

TITLE D ☐ DELETE

NAME PILLSBURY, DAVID A  
STREET ADDRESS COUNTY RD, #39 POB 488  
CITY-ST-ZIP HERNANDO FL

TITLE ST ☐ DELETE

NAME PILLSBURY, SARAH  
STREET ADDRESS COUNTY RD #39  
CITY-ST-ZIP HERNANDO FL

TITLE VP ☐ DELETE

NAME SCORDATO, PHILLIP  
STREET ADDRESS 5184 N DEWEY WAY  
CITY-ST-ZIP HERNANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

PRESIDENT

1.2 NAME

SARAH PILLSBURY

1.3 STREET ADDRESS

PO BOX 488 CT RD G39

1.4 CITY-ST-ZIP

HERNANDO FL 34442

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Sarah Pillsbury President Sec. Treasurer 4/15/98 352,344-5598

CR2E034 (10/97)