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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90249 022 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 450975

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

N

\$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

9. Name and Address of Current Registered Agent

PILLSBURY, SARAH
4221 E WITHALACOOCHIE TRAIL
P.O. BOX 570
HERNANDO FL 34442

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P
PILLSBURY, SARAH
COUNTY RD. #39 POB 488
HERNANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PILLSBURY, DAVID A
COUNTY RD, #39 POB 488
HERNANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
PILLSBURY, SARAH
COUNTY RD #39
HERNANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
SCORDATO, PHILLIP
5164 N DEWEY WAY
HERNANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sarah Pillsbury Pres 5-11-99 352-344-5598

CR2E034 (11/98)