

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

DOCUMENT # 481209

1. Corporation Name

ABSOLUTE TERMITE AND PEST CONTROL CO., INC.

Principal Place of Business

30347 US HWY 19 NORTH  
CLEARWATER FL 34621  
US

Mailing Address

30347 US HIGHWAY 19 NORTH  
CLEARWATER FL 34621-8040  
US

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90197 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1975

4. FEI Number

59-1613044

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 4904 MILK STREET DR.

26

Suite, Apt. #, etc.

22 Holiday Florida

27 4904 MILK STREET DR.

23 City & State

28 City & State

23 Holiday Florida

28 Holiday Florida

24 Zip Country

29 Zip Country

24 34690

25 US

29 34690

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZASIMOVITCH, ROBERT W  
5153 GREENWOOD ST  
NEW PORT RICHEY FL 34653

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 Robert W. ZASIMOVITCH

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

Robert W. ZASIMOVITCH

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST  
NAME ZASIMOVITCH, ROBERT  
STREET ADDRESS 5153 GREENWOOD STREET  
CITY-ST-ZIP NEW PORT RICHEY FL 33708

☐ DELETE

1.1 TITLE President  
1.2 NAME ZASIMOVITCH, Robert  
1.3 STREET ADDRESS 5153 GREENWOOD ST  
1.4 CITY-ST-ZIP New Port Richey, FL 34653

☒ Change ☐ Addition

TITLE S  
NAME OBIE, LOIS M.  
STREET ADDRESS 9350 SUMMERBREEZE TERR  
CITY-ST-ZIP NEW PORT RICHEY FL

☒ DELETE

2.1 TITLE SECRETARY  
2.2 NAME Obie, Donald  
2.3 STREET ADDRESS 9600 GREEN NEEDLE DR.  
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

☒ Change ☐ Addition

TITLE DT  
NAME OBIE, MICHAEL R.  
STREET ADDRESS 13120 4TH STREET E  
CITY-ST-ZIP MADERIA BEACH FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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: Robert W. ZASIMOVITCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 727-939-2225

CR2E034 (11/98)