FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **517611** **(0)**

1. Corporate Name
SHAMROCK PEST CONTROL, INC.

Principal Office Address
6810 TOWER DRIVE
HUDSON FL 34667

Mailing Address
6810 TOWER DRIVE
HUDSON FL 34667

2. Principal Place of Business
21
Apt/Ste
22
City
23
County
24 25

2a. Mailing Address
26
Suite/Apt/Ste
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
11/02/1976

3a. Date of Last Report
04/24/1995

4. FEI Number
59-1697505
[ ] 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. Did corporation has liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MOLL, KENNETH
6810 TOWER DR.
HUDSON FL 34667

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 Section 607.0505 and Ch. 607, 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS
PDS
MOLL, KENNETH
6810 TOWER DRIVE
HUDSON FL
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1 Title
2 Name
3 Street Address
4 City, State, Zip
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add
[ ] Change [ ] Add

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attached exhibit, as such officer or director.

SIGNATURE: Kenneth Moll — 1/17/96 — 813-868-4628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number