## 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 # 517611**

1. Corporation SHAMRO	OCK PEST CONTROL, INC.						
Principal Plac	ce of Business	Mailing Address				.11 81811 81811 81811 8	1011 01011 1001
6810 TOWER DRIVE 6810 TOWER DRIVE HUDSON FL 34667 HUDSON FL 34667					DO NOT WRITE IN TH	AIS SDACE	
					3. Date Incorporated or Qualifed	IIG GFACE	
					11/02/1976		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1697505	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Žip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		- T	10. Name and Address of New Register	ed Agent	
MOI	LL, KENNETH	•	8	1 Name			†
	O TOWER DR.		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	DSON FL 34667		L		and the second s		-15
HOL	J30N FL 3400/		8:	3 班	· · · · · · · · · · · · · · · · · · ·	<b>:</b> (6. (4.)	
			84		-04	. 85 Zip C	ode
Long ton	**				F		
office or i agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	oz and 607.1508, Florida Si e of Florida. Such change w ations of, Section 607.0505	atutes, the above as authorized by Florida Statute	ve-named corp y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as req	jistered
SIGNATURE		The Reserve	NOTE: Barriet		ad when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	NOTE: Registered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PDS	☐ DELET			ABBITIONS OF WINDLE TO STATE OF THE STATE OF	Change	Addition
NAME	MOLL, KENNETH		1,2 NAME				_ [
STREET ADDRESS	COAC TOWER DRIVE			ET ADDRESS			
CITY-ST-ZIP	HUDSON FL		1.4 CITY-				
TITLE		DELETE		-		☐ Change	Addition
NAME			2.2 NAME			•	Ì
STREET ADDRESS			2.3 STREE	ET ADDRESS			-
CITY-ST-ZIP			2.4 CITY-			•	i
TITLE	<del> </del>						
NAME	Constitution of the second	☐ DELETE	3.1 TITLE	0, 2,		Change	☐ Addition
STREET ADDRESS	And The Section	☐ DELETE	3.1 TITLE 3.2 NAME			Change	☐ Addition
	LATERION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	☐ DELET	3.2 NAME			🗸	_
CITY-ST-ZIP	LESSES SE FORESES SES CONTRACTOR	☐ DELETE	3.2 NAME	ET ADDRESS		🗸	Addition
# 14.75	LLKERS N Move Site englisher	☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-	ET ADDRESS ST-ZIP		🗸	7 2 1 3 1 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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CITY-ST-ZIP	Keloka na laa la		3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP			A TOTAL SECTION OF THE SECTION OF TH
CITY-ST-ZIP  TITLE  NAME, , , , , , ,	Keloka na laa la		3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Keloka na laa la		3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1	ET ADDRESS ST-ZIP			A TOTAL SECTION OF THE SECTION OF TH
CITY-ST-ZIP	Keloka na laa la	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1	ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP		Change	Addition
CITY-ST-ZIP  TITLE  NAME, SP  STREET ADDRESS  CITY-ST-ZIP  TITLE		☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP		Change	Addition
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS		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.

Kerweth Moch

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90010 003 \*\*\*150.00

171-808-171

JR2F034 (41/98)