

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90016 015 ***158.75

DOCUMENT # 534931

1. Corporation Name

F. AND F. PEST CONTROL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7890 NW 64TH ST MIAMI FL 33166		Mailing Address 7890 NW 64TH ST MIAMI FL 33166	
2. Principal Place of Business		2a. Mailing Address	
21		26 P.O. Box 650809	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28 MIAMI, Florida	
Zip		Zip	
24		29 33265	
Country		Country	
25		30 USA	
3. Date Incorporated or Qualified		4. FEI Number	
04/25/1977		59-1732555	
5. Certificate of Status Desired		Applied For	
X		Not Applicable	
\$8.75 Additional Fee Required		6. Election Campaign Financing	
		Trust Fund Contribution	
		X	
\$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax.	
		Yes No	
		X No	

9. Name and Address of Current Registered Agent

FERRER, JOSE
2232 SW 98TH PL.
MIAMI FL 33165

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FERRER, JOSE	1.2 NAME	FERRER JOSE
STREET ADDRESS	2232 SW 98 PL	1.3 STREET ADDRESS	2232 S.W. 98 PLAC
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	STD	2.1 TITLE	STD
NAME	FERRER, GLORIA	2.2 NAME	FERRER, GLORIA M.
STREET ADDRESS	2232 SW 98 PL	2.3 STREET ADDRESS	2232 S.W. 98 PLAC
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/22/99 305-593-0805

Date

Daytime Phone #

CR2E034 (11/98)