

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 552357 (6)

1. Corporation Name

MIDDLETON PEST CONTROL, INC.



Principal Place of Business

6359 EDGEWATER DR  
ORLANDO FL 32810

Mailing Address

6359 EDGEWATER DR  
ORLANDO FL 32810

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
12/01/1977

3a. Date of Last Report  
04/17/1995

4. FLL Number

59-1792752

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 N MAGNOLIA AVENUE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

83

84 City TALLAHASSEE,

FL

85 Zip Code 32301

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 *Mary J. Flowers*

(NOTE: Registered Agent's signature is required when re-registering)

3-28-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME STEINMETZ, CHARLES P  
STREET ADDRESS 6359 EDGEWATER DRIVE  
CITY-STATE-ZIP ORLANDO FL

TITLE S ☐ DELETE  
NAME STEINMETZ, LYNN  
STREET ADDRESS 6359 EDGEWATER DRIVE  
CITY-STATE-ZIP ORLANDO FL

TITLE V ☐ DELETE  
NAME CLENDENIN, GREGORY  
STREET ADDRESS 6359 EDGEWATER DRIVE  
CITY-STATE-ZIP ORLANDO FL

TITLE T ☐ DELETE  
NAME GALLAGHER, STEPHEN  
STREET ADDRESS 6359 EDGEWATER DRIVE  
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/26/96

(407) 291-8027

CR2E034 (12/95)