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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32810-4719

3. Date Incorporated or Qualified

12/01/1977

3a. Date of Last Report

04/02/1996

4. FEI 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

2. Principal Place of Business

21 6357 Edgewater Dr.

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 6357 Edgewater Dr.

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STEINMETZ, CHARLES P
STREET ADDRESS 6359 EDGEWATER DRIVE
CITY- ST- ZIP ORLANDO FL

TITLE ☐ DELETE

NAME S
STEINMETZ, LYNN
STREET ADDRESS 6359 EDGEWATER DRIVE
CITY- ST- ZIP ORLANDO FL

TITLE ☐ DELETE

NAME V
CLEDENIN, GREGORY
STREET ADDRESS 6359 EDGEWATER DRIVE
CITY- ST- ZIP ORLANDO FL

TITLE ☒ DELETE

NAME T
GALLAGHER, STEPHEN
STREET ADDRESS 6359 EDGEWATER DRIVE
CITY- ST- ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- 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- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY CLEDENIN

3-31-97

(407) 296-0656

Date Daytime Phone

CR2E034 (9/96)