FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6) MIDDLETON PEST CONTROL, INC. Principal Place of Business Mailing Address 8357 EDGEWATER DE 6357 EDGEWATER DR ORLANDO FL 32810 ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/01/1977</u> Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1792752 Suite, Apt. #. etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zin Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 84 Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) Signature, typed or pented name of requirered up of and late if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE X Change 1 1 TITLE Owner/Director TITLE STEINMETZ, CHARLES P 1.2 NAME NAME Steinmetz, Charles P. 6359 EDGEWATER DRIVE 1.3 STREET ADDRESS STREET ADDRESS 6359 Edgewater Drive ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Orlando, FL DELETE X Change TITLE 21 TITLE Vice President/Director STEINMETZ, LYNN Steinmetz, Lynn 2.2 NAME NAME **6359 EDGEWATER DRIVE** 6359 Edgewater Drive STREET ADORESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Orlando, FL DELETE X Change Addition TITLE 3.1 TITLE President CLENDENIN, GREGORY NAME 3.2 NAME Clendenin, Gregory **6359 EDGEWATER DRIVE** STREET ADDRESS 3.3 STREET ADDRESS 6357 Edgewater Drive ORLANDO FL Orlando, FL 3 4. CiTY-ST-ZIP CITY - ST- ZIP DELETE X Addition TITLE 4.1 TITLE C.F.O./Secretary Change NAME 4. 2 NAME Klein, Jill 4.3 STREET ADDRESS 6357 Edgewater Drive STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Orlando, FL DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 61 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-7/P 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 eath; 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

Jill Klein

FILED

(407) 296-0656

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