

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 # 552357

1. Corporation Name

MIDDLETON PEST CONTROL, INC.

Principal Place of Business

6357 EDGEWATER DE
ORLANDO FL 32810
US

Mailing Address

6357 EDGEWATER DR
ORLANDO FL 32810
US

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90062 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1900 33rd Street

Suite, Apt. #, etc.

2a. Mailing Address

26 1900 33rd Street

Suite, Apt. #, etc.

City & State

23 Orlando, FL

Zip

24 32839

Country USA

City & State

28 Orlando, FL

Zip

29 32839

Country USA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE P ☐ DELETE
NAME CLENDENIN, GREGORY
STREET ADDRESS 6357 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE
NAME KLEIN, JILL
STREET ADDRESS 6357 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 Owner/Director ☒ Change ☐ Addition
1.2 NAME Steinmetz, Charles P.
1.3 STREET ADDRESS 1900 33rd Street
1.4 CITY-ST-ZIP Orlando, FL 32839

2.1 TITLE Vice President/Director ☒ Change ☐ Addition
2.2 NAME Steinmetz, Lynn
2.3 STREET ADDRESS 1900 33rd Street
2.4 CITY-ST-ZIP Orlando, FL 32839

3.1 TITLE President ☒ Change ☐ Addition
3.2 NAME Clendenin, Gregory
3.3 STREET ADDRESS 1900 33rd Street
3.4 CITY-ST-ZIP Orlando, FL 32839

4.1 TITLE C.F.O./Secretary ☒ Change ☐ Addition
4.2 NAME Klein, Jill
4.3 STREET ADDRESS 1900 33rd Street
4.4 CITY-ST-ZIP Orlando, FL 32839

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

4-9-99

(407) 648-8998