

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 632278 (8)

1. Corporation Name
ARROW PEST SERVICE, INC.



Principal Place of Business 729 HIGHLINE DR. P.O. BOX 10115 PANAMA CITY FL 32404	Mailing Address 729 HIGHLINE DR. P.O. BOX 10115 PANAMA CITY FL 32404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 823 S. Tyndall Pkwy Suite, Apt. #, etc. 22 Panama City, Fl City & State 23	2a. Mailing Address 26 P.O. Box 10115 Suite, Apt. #, etc. 27 Panama City, Fl City & State 28	3. Date Incorporated or Qualified 08/08/1979	4. FEI Number 59-1928678	Applied For <input type="checkbox"/> Not Applicable
Zip 24 32404	Country 25 Bay	Zip 29 32404	Country 30 Bay	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GLOVER, TERRY M. 6217 SEMINOLE DR PANAMA CITY FL 32404	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, TERRY	1.2 NAME	
STREET ADDRESS	6217 SEMINOLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, VICKIE	2.2 NAME	
STREET ADDRESS	6217 SEMINOLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, WILLIAM	3.2 NAME	
STREET ADDRESS	6217 SEMINOLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	Tr	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrie, Glover	4.2 NAME	
STREET ADDRESS	6217 Seminole Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City, Fl 32404	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Terry M. Glover* **Terry M. Glover** **4/23/98** **(850)874-1900**

CR2E034 (10/97)