

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mortman
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # 641037

(7)

ATLANTIC PEST CONTROL CORPORATION

Business Name or Trade Name

2090 NW. 139 ST.
OPA-LOCKA FL 33054-4131

Mailing Address

2090 NW. 139 ST.
OPA-LOCKA FL 33054-4131

2. Business Number of Business

21 [REDACTED]

28. Mailing Address

26 [REDACTED]

30. Apt. # or Unit

22 [REDACTED]

Suite, Apt. # or Unit

27 [REDACTED]

City & State

23 [REDACTED]

City & State

28 [REDACTED]

31 [REDACTED]

24 [REDACTED]

32 [REDACTED]

29 [REDACTED]

33 [REDACTED]

30 [REDACTED]

9. Name and Address of Current Registered Agent

USALLAN, GERARDO JR

2090 N.W. 139 ST.

OPA-LOCKA FL 33054

10. Name

81 [REDACTED] Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83 [REDACTED]

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.1905 and 607.1908, Florida Statues, 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 607.1908, Florida Statutes.

SIGNATURE

Printed Name of Registered Agent and Address of Registered Agent

12. OFFICERS AND DIRECTORS

PVD
NAME
2090 N.W. 139 ST.
OPA-LOCKA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

14.1 NAME [REDACTED] Change [] Addition

14.2 NAME [REDACTED] Change [] Addition

14.3 STREET ADDRESS [REDACTED] Change [] Addition

14.4 CITY [REDACTED] Change [] Addition

14.5 NAME [REDACTED] Change [] Addition

14.6 STREET ADDRESS [REDACTED] Change [] Addition

14.7 CITY [REDACTED] Change [] Addition

14.8 NAME [REDACTED] Change [] Addition

14.9 STREET ADDRESS [REDACTED] Change [] Addition

14.10 CITY [REDACTED] Change [] Addition

14.11 NAME [REDACTED] Change [] Addition

14.12 STREET ADDRESS [REDACTED] Change [] Addition

14.13 CITY [REDACTED] Change [] Addition

14.14 NAME [REDACTED] Change [] Addition

14.15 STREET ADDRESS [REDACTED] Change [] Addition

14.16 CITY [REDACTED] Change [] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(g), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath. That I am an officer or director of the corporation or the trustee or trustee or power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed or on an attachment with an address.

SIGNATURE:

GERARDO USALLAN JR.

SIGNATURE AND TYPED OR PRINTED NAME / SIGNING OFFICER OR DIRECTOR

4-26-95

823-1700

Florida State

(308)

0101M3 CP