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May 01 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 # 666771 (1)  
1. Corporation Name  
ALL AMERICAN EXTERMINATING, INC.

Principal Place of Business  
5888 NORWOOD AVENUE  
JACKSONVILLE FL 32208

Mailing Address  
5888 NORWOOD AVENUE  
JACKSONVILLE FL 32208-5013



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1980	3a. Date of Last Report 04/30/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1989875		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PASCHAL, ROBERT B. 5888 NORWOOD AVENUE JACKSONVILLE FL 32208		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 607.1175, Florida Statutes, I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished herein is true and correct. I am a member of the corporation's board of directors. I hereby accept the appointment as registered agent. I am a member of the corporation's board of directors.

SIGNATURE

Signature required when appointing or changing registered agent and when appointing or changing registered agent.

Signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PASCHAL, ROBERT B	1.2 NAME	
STREET ADDRESS	5888 NORWOOD AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	BUTTNER, FREDERIC A.	2.2 NAME	
STREET ADDRESS	331 E. UNION ST. #2	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Paschal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Paschal 4-22-97 904-768-3144

Date

Daytime Phone #

0032699

CR2ED34 (9/96)