


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

FILED  
Jan 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 690817 (2)</b> 1. Corporation Name <b>PROFESSIONAL TERMITE AND PEST CONTROL, INC.</b>					
Principal Place of Business <b>1020 49TH ST SOUTH ST. PETERSBURG FL 33707</b>			Mailing Address <b>1020 49TH ST SOUTH ST. PETERSBURG FL 33707</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1981</b>	
21		26		4. FEI Number <b>59-2104290</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BINGHAM, ROBERT M. 485 - 12 AVENUE NORTH ST. PETERSBURG FL 33701</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input checked="" type="checkbox"/> DELETE			
NAME	<b>BINGHAM, DONALD H</b>				
STREET ADDRESS	<b>1020 49TH ST., S.</b>				
CITY - ST - ZIP	<b>ST PETERSBURG, FL 00000</b>				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	<b>BINGHAM, BETTY</b>				
STREET ADDRESS	<b>1020 49TH ST S</b>				
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>Bingham, Robert M.</b>				
1.3 STREET ADDRESS	<b>485 - 12th Avenue North</b>				
1.4 CITY - ST - ZIP	<b>St. Petersburg, Florida 33701</b>				
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	<b>Bingham, Debra A.</b>				
2.3 STREET ADDRESS	<b>485 - 12th Avenue North</b>				
2.4 CITY - ST - ZIP	<b>St. Petersburg, Florida 33701</b>				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Robert M. Bingham President 1-14-98 (813) 323-8866

CR2E034 (10/97)