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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 # 697143 (6)**  
1. Corporation Name  
**ROY GIBSON EXTERMINATING, INC.**



Principal Place of Business: **2221 STATE ROAD 44 NEW SMYRNA BCH FL 32168**  
Mailing Address: **2221 STATE ROAD 44 NEW SMYRNA BCH FL 32168-8360**

3. Date Incorporated or Qualified: **07/31/1981** 3a. Date of Last Report: **04/19/1996**  
4. FEI Number: **59-2125011** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**WESTON, SANDRA GIBSON  
2221 STATE RD., 44  
DAYTONA BEACH, FL  
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: type the printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE:  DELETE  
NAME: **P WESTON, SANDRA GIBSON**  
STREET ADDRESS: **5814 NOB HILL BLVD**  
CITY- ST- ZIP: **PORT ORANGE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME:  Change  Addition  
1.3 STREET ADDRESS:  Change  Addition  
1.4 CITY- ST- ZIP:  Change  Addition  
2.1 TITLE:  Change  Addition  
2.2 NAME:  Change  Addition  
2.3 STREET ADDRESS:  Change  Addition  
2.4 CITY- ST- ZIP:  Change  Addition  
3.1 TITLE:  Change  Addition  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  Change  Addition  
3.4 CITY- ST- ZIP:  Change  Addition  
4.1 TITLE:  Change  Addition  
4.2 NAME:  Change  Addition  
4.3 STREET ADDRESS:  Change  Addition  
4.4 CITY- ST- ZIP:  Change  Addition  
5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY- ST- ZIP:  Change  Addition  
6.1 TITLE:  Change  Addition  
6.2 NAME:  Change  Addition  
6.3 STREET ADDRESS:  Change  Addition  
6.4 CITY- ST- ZIP:  Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra Gibson Weston* 04-24-97 (904) 427-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)