

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 791123 (3)
1. Corporation Name
SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
**215B ALABAMA STREET, P.O. BOX 37
SANTA ROSA COUNTY CIVIC CENTER
JAY FL 32565**

Mailing Address
**215B ALABAMA STREET, P.O. BOX 37
SANTA ROSA COUNTY CIVIC CENTER
JAY FL 32565**

3. Date Incorporated or Qualified
06/01/1981

3a. Date of Last Report
04/14/1995

4. FEI Number
59-2144722

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

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent
**DIAMOND, MICKEY
2517 CAMORS DRIVE
JAY FL 32565**

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 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ALAN	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 386	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEWIE JOE	2.2 NAME	
STREET ADDRESS	RT 3 BOX 327	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, JOHN M.	3.2 NAME	DIAMOND, JOHN M
STREET ADDRESS	12778 HWY 197	3.3 STREET ADDRESS	12778 HWY 197
CITY-ST-ZIP	JAY FL	3.4 CITY-ST-ZIP	JAY FL 32565
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, RANDALL	4.2 NAME	NOLES, GEORGE
STREET ADDRESS	RT 1 BOX 200	4.3 STREET ADDRESS	5665 JESSE ALLEN RD
CITY-ST-ZIP	JAY FL	4.4 CITY-ST-ZIP	MILTON FL 32570
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, MICKEY	5.2 NAME	DIAMOND, MICKEY
STREET ADDRESS	2517 CAMORS ROAD	5.3 STREET ADDRESS	2517 CAMORS ROAD
CITY-ST-ZIP	JAY FL	5.4 CITY-ST-ZIP	JAY FL 32565
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWLING, ELTON	6.2 NAME	NOWLING, ELTON
STREET ADDRESS	3150 BUD DIAMOND ROAD	6.3 STREET ADDRESS	3150 BUD DIAMOND RD.
CITY-ST-ZIP	JAY FL	6.4 CITY-ST-ZIP	JAY FL 32565

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mickey Diamond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)