

6-2-97 B-7733 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>2156 ALABAMA STREET, P.O. BOX 37<br/>SANTA ROSA COUNTY CIVIC CENTER<br/>JAY FL 32585</b> | Mailing Address<br><b>2156 ALABAMA STREET, P.O. BOX 37<br/>SANTA ROSA COUNTY CIVIC CENTER<br/>JAY FL 32585</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/01/1981</b> | 3a. Date of Last Report<br><b>04/22/1996</b> |
|--|--|

|   |  |  |  |
|---|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>23 City & State<br>24 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 4. FEI Number<br><b>59-2144722</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
|   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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 <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | P<br>EDWARDS, ALAN<br>RT. 2 BOX 388<br>JAY FL            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>SMITH, LEWIE JOE<br>RT 3 BOX 327<br>JAY FL          | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  | V<br>SMITH, LEWIE JOE  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | 3075 HICKORY HOLLOW LANE   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | JAY FL 32565   |
| TITLE                      | D<br>DIAMOND, JOHN M.<br>12778 HWY 197<br>JAY FL         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>NOLES, GEORGE<br>6065 JESSE ALLEN ROAD<br>MILTON FL | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST<br>DIAMOND, MICKEY<br>2517 CAMORS ROAD<br>JAY FL      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>NOWLING, ELTON<br>3150 BUD DIAMOND ROAD<br>JAY FL   | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | D<br>LOWRY, JIMMY JR.  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | 4407 HWY 4 E   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | JAY FL 32565   |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)