

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90105 046 \*\*\*\*61.25

**DOCUMENT # 791123**

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 7 5 8 2 1 \*  
375921 - 90105 - 48



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/01/1981

4. FEI Number

59-2144722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DIAMOND, MICKEY  
2517 CAMORS DRIVE  
JAY FL 32565

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME EDWARDS, ALAN  
STREET ADDRESS RT. 2 BOX 386  
CITY-ST-ZIP JAY FL

TITLE V ☐ DELETE

NAME SMITH, LEWIE J  
STREET ADDRESS 3075 HICKORY HOLLOW LANE  
CITY-ST-ZIP JAY FL

TITLE P ☐ DELETE

NAME DIAMOND, JOHN M.  
STREET ADDRESS 12778 HWY 197  
CITY-ST-ZIP JAY FL

TITLE V ☐ DELETE

NAME NOLES, GEORGE  
STREET ADDRESS 5665 JESSE ALLEN ROAD  
CITY-ST-ZIP MILTON FL

TITLE ST ☐ DELETE

NAME DIAMOND, MICKEY  
STREET ADDRESS 2517 CAMORS ROAD  
CITY-ST-ZIP JAY FL

TITLE D ☐ DELETE

NAME LOWRY, JIMMY J  
STREET ADDRESS 4407 HWY 4 E  
CITY-ST-ZIP JAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

850-

Daytime Phone #

CR2E037 (11/98)