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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

ACE P	EST CONTROL OF FROST	PROOF, INC.			
Principal Plac	e of Business	Mailing Address			27517 91517 91517 51517 1727
2251 CR 630 WEST P. O. BOX 1028 FROSTPROOF FL 33843		2251 CR 630 WEST P. O. BOX 1028 FROSTPROOF FL 33843		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
ļ 				10/16/1980	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2035541	Not Applicable \$8.75 Additional
22	7,00	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	ed Agent
	ANTLEY, JOHNNY		81 Name		
2251 CR 630 WEST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FRI	OSTPROOF FL 33843		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the s	
agent. I a SIGNATURE	Signature, typed or printed name of registered a		rida Statutes. Registered Agent signatura requ 13.		
TITLE	P	DELETE	1.1 TITLE	7.001110107011711020101	Change Addition
NAME	BRANTLEY, JOHNNY		1.2 NAME		
STREET ADDRESS	2251 CR 630 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY - ST - ZIP		
TITLE	V P	☐ DELETE	21 TITLE		Change Addition
NAME	MOSER, JAMES L., JR.		2.2 NAME		
STREET ADDRESS	51 HERNDON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZNP TITLE	FROSTPROOF FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	1	Change Addition
NAME	ST BOANTIEV MADVIOU	C Deterie	3.2 NAME		The customer The Controller
STREET ADDRESS	BRANTLEY, MARY LOU 2251 CR 630 WEST		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		3.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 T(TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	- , , , , , , , , , , , , , , , , , , ,	Change Addition
title Namé			6.1 TITLE 6.2 NAME		CT CHRING CT MODITION
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filling 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.

FILED

May 08 1998 8:00am

Secretary of State