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Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F02595 (9)J.L. MORRIS PEST CONTROL, INC. Principal Place of Business Mailing Address C/O JEFFERY L. MORRIS C/O JEFFERY L. MORRIS 11702 ROLLING OAKS LANE 11702 ROLLING OAKS LANE DO NOT WRITE IN THIS SPACE TAMPA FL 33624 TAMPA FL 33624 3. Date Incorporated or Qualified 10/22/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2035564 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 30 Yes Personal Property Tax due June 30. 25 24 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MORRIS, JEFFERY L. 11702 ROLLING OAKS LN. 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME MORRIS, JEFFERY L. 1.2 NAME 11702 ROLLING OAKS LN. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MORRIS, VIVIAN G. 2.2 NAME NAME 11702 ROLLING OAKS LN. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 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 607, Florida Statutes; and that my name appears in

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