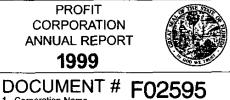
**PROFIT** CORPORATION ANNUAL REPORT

1999

J.L. MORRIS PEST CONTROL, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90155 020 \*\*\*150.00

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Principal Place of Business Mailing Address		( 108(108 titt 80til 1168) Slive leint eint begir eint geger geger geger geger					
C/O JEFFERY L. MORRIS 11702 ROLLING OAKS LANE TAMPA FL 33624	C/O JEFFERY L. MORRIS 11702 ROLLING OAKS LANE TAMPA FL 33624	11702 ROLLING OAKS LANE		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/22/1980			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
ra l	26			59-2035564		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	• -	.00 May Be ded to Fees	
Zip Country	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	tangible		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
MORRIS, JEFFERY L.		81	Name				
11702 ROLLING OAKS LN.		82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33624		83					
		84	City	FL	85	Zip Code	
			L		<del></del>		

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE MORRIS, JEFFERY L. 1.2 NAME NAME 11702 ROLLING OAKS LN. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE MORRIS. VIVIAN G. 2.2 NAME NAME 11702 ROLLING OAKS LN. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE ππε 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 employered 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 by an adjacement with an address, with all other like empowered.

SIGNATURE:

ESUDENDE

CR2E034 (11/98)