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

PROFIT • CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F45880

(4)

LEHIGH PEST CONTROL-ING.

LARUE PEST MANAGEMENT INC.

Principal Place of Business
5611 S.W. BTH ST.
P.O. BOX 1253 LEHIGH ACRES FL 33970

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5611 S.W. 8TH ST. P.O. BOX 1253

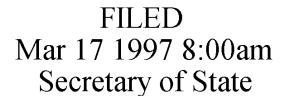
2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

LEHIGH ACRES FL 33970-1253





3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/16/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Efection Campaign Financing

09/23/1981

59-2129067

4. FEI Number

NAME RUEBELING, FAY 1.2 NAME	Code
P. Name and Address of Current Registered Agent RUEBELING, LARRYK 5611 SW 8TH ST LEHIGH ACRES FL 33970 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip C 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 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 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 life if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITIME STD NME RUEBELING, FAY	Tax laterard
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12. OFFICERS AND DIRECTORS TITLE STD RUEBELING, FAY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 1.1 TITLE 1.2 NAME 1.2 NAME	
TITLE STD DELETE 1.1 THLE Change NAME RUEBELING, FAY 1.2 NAME	0 (b) 40
NAME RUEBELING, FAY 1.2 NAME	Addition
446 BOREDT AVE	Addition
STREET ADDRESS 119 HUDEN AVE.	
LERBOLL ACRES EL COCOS	
CITY-ST-ZIP LEHIGH ACRES, FL 00000 1.4 CHY-S1-ZIP	
TITLE DP DELETE 21 TITLE	Addition
NAME RUEBELING, LARRY K 2.2 NAME	
STREET ADDRESS 119 ROBERT AVE. 2.3 STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES, FL 00000 2 4 CITY-ST-ZIP	
TITLE VP DELETE 3.1 HILE Change	Addition
NAME RUEBELING, KEITH 3.2 NAME	
STREET ADDRESS 1440 CLARET CT 33 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 34.CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CMY-ST-ZIP 4.4 CMY-ST-ZIP	
TILE DELETE 5.1 TILE Change	Addition
NAME (5.2 NAMF (
STREET ADDRESS 5.9 STREET ADDRESS	
CITY-ST-ZIP 5.4 C(1Y-S1-2I)	
	Addition
TITLE NAME SIRRET ADDRESS 1. DETETE	
STREET ADDRESS -U3/17/97U1156U15	
STREET ADDRESS ***165.00	
14. I do hereby codify that the information symplicd with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that	
Information Indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made und lam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nappears in Block 12 or Block 13 if changed, or or an attachment with an address. SIGNATURE: 3/10/97 941-369-61	M