

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F49898**

(2)

1. Corporation Name

**HARMONY PEST CONTROL, INC.**

Principal Place of Business

**1807 CAMERBUR  
ORLANDO FL 32805  
US**

Mailing Address

**PO 560519  
ORLANDO FL 32856-0519  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**10/15/1981**

3a. Date of Last Report

**04/30/1996**

4. FEI Number

**59-2134767**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEAN, JESSE  
3725 E KALEY  
ORLANDO FL 32806**

*(Leave on 1/9)*

10. Name and Address of New Registered Agent

81 Name **Robert T. Odom** *(GAP-T.)*

82 Street Address (P.O. Box Number is Not Acceptable)  
**813 S. BIRKEN RD.**

83

84 City **Apopka**

FL

85 Zip Code  
**32703**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert T. Odom*

**3-27-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEAN, JESSE</b>	
STREET ADDRESS	<b>1807 CAMERBUR DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCAYOY, EDWARD H</b>	
STREET ADDRESS	<b>1807 CAMERBUR DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEAN, JESSE</b>	
STREET ADDRESS	<b>1807 CAMERBUR DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Odom Robert T.</b>	
3. STREET ADDRESS	<b>1807 Camerbur Dr.</b>	
4. CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
5. TITLE	<b>V. Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>Odom, Robert T.</b>	
7. STREET ADDRESS	<b>1807 Camerbur Dr.</b>	
8. CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
9. TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>Odom, Robert T.</b>	
11. STREET ADDRESS	<b>1807 Camerbur Dr.</b>	
12. CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert T. Odom* **Robert T. Odom**

**4-16-97**

Date

**(407) 425-0126**

Daytime Phone #

0007901

CR2E034 (9/96)