

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

1807 CAMEBUR  
ORLANDO FL 32805  
US

PO 560518  
ORLANDO FL 32806  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1981

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30



Yes



No

2. Principal Place of Business

21 109 NORTH PARK AVENUE  
Suite, Apt. #, etc.

22 City & State  
Apopka, Florida

23 Zip Country  
32703 US

24 32703 25

2a. Mailing Address

26 109 NORTH PARK AVENUE  
Suite, Apt. #, etc.

27 City & State  
Apopka, FLA.

28 Zip Country  
32703 US

29 32703 30

9. Name and Address of Current Registered Agent

ODOM, ROBERT T.  
813 S BINNON RD  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

STEVEN R. DAVIS, C.A.A.

82 Street Address (P.O. Box Number is Not Acceptable)

109 SOUTH PARK AVENUE

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME ODOM, ROBERT T  
STREET ADDRESS 1807 CAMEBUR DR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VP  
NAME ODOM, ROBERT T  
STREET ADDRESS 1807 CAMEBUR DR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE STD  
NAME ODOM, ROBERT T  
STREET ADDRESS 1807 CAMEBUR DR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

813 SOUTH BINNON ROAD  
APOPKA, FLA. 32703

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Robert T. Odom

5/27/98

CR2E034 (10/97)