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0068009

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90057 002 ***150.00

DOCUMENT # F49898

1. Corporation Name
HARMONY PEST CONTROL, INC.

Principal Place of Business
10 A NORTH PARK AVENUE
APOPKA FL 32703
US

Mailing Address
10 A NORTH PARK AVENUE
APOPKA FL 32703
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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1976 Piedmont Park Blvd.

Suite, Apt. #, etc.

22

City & State

23 Apopka FL

Zip

24 32703

Country

25 Orange

2a. Mailing Address

26 1976 Piedmont Park Blvd.

Suite, Apt. #, etc.

27

City & State

28 Apopka, FL

Zip

29 32703

Country

30 Orange

9. Name and Address of Current Registered Agent

DENIESE, CPA STEVEN R
109 SOUTH PARK AVENUE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ODOM, ROBERT T

STREET ADDRESS 813 SOUTH BINDIN RD

CITY-ST-ZIP APOPKA FL 32703

TITLE VP ☐ DELETE

NAME ODOM, ROBERT T

STREET ADDRESS 813 SOUTH BINDIN ROAD

CITY-ST-ZIP APOPKA FL 32703

TITLE STD ☐ DELETE

NAME ODOM, ROBERT T

STREET ADDRESS 813 SOUTH BINDIN ROAD

CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Odom Robert T

1.3 STREET ADDRESS 1976 Piedmont Park Blvd

1.4 CITY-ST-ZIP Apopka FL 32703

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Odom Robert T

2.3 STREET ADDRESS 1976 Piedmont Park Blvd

2.4 CITY-ST-ZIP Apopka FL 32703

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME STD

3.3 STREET ADDRESS Odom Robert T

3.4 CITY-ST-ZIP 1976 Piedmont Park Blvd

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Apopka, FL 32703

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)