

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F59851** (8)  
1. Corporation Name  
**SEARS TERMITE & PEST CONTROL, INC.**



Principal Place of Business <b>6359 EDGEWATER DR ORLANDO FL 32810 US</b>	Mailing Address <b>6359 EDGEWATER DR ORLANDO FL 32810 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/28/1981</b>		3a. Date of Last Report <b>03/28/1996</b>	
				4. FEI Number <b>59-2156849</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEINMETZ, CHARLES		1.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GALLAGHER, STEPHEN		2.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE	See Attached	2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLENDENIN, GREGORY		3.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KELLETT, LAEL		4.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROBERT CASE		5.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEPHEN SALLY		6.2 NAME				
STREET ADDRESS	6359 EDGEWATER DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		6.4 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: Stephen M. Gallagher 7-31-97 407-201-0027

CR2E034 (4/97)

***SEARS***  
***TERMITE & PEST CONTROL, INC.***

**OFFICERS**

Jane J. Thompson	Chief Executive Officer	6359 Edgewater Dr Orlando, Fl 32810
Charles P. Steinmetz	President	6359 Edgewater Dr Orlando, Fl 32810
Michael C. Toll	Vice President	6359 Edgewater Dr Orlando, Fl 32810
Stephen M. Gallagher	V P of Finance/Treasurer	6359 Edgewater Dr Orlando, Fl 32810
Pamela Schneider	Secretary	6359 Edgewater Dr Orlando, Fl 32810
Victoria S. Verghe	Asst. Secretary	6359 Edgewater Dr Orlando, Fl 32810
Rebecca W. Bukolt	Asst. Secretary	6359 Edgewater Dr Orlando, Fl 32810

**DIRECTORS**

Alan A. Lacy	6359 Edgewater Dr Orlando, Fl 32810
Michael D. Levin	6359 Edgewater Dr Orlando, Fl 32810
Arthur C. Martinez	6359 Edgewater Dr Orlando, Fl 32810
Anthony J. Rucci	6359 Edgewater Dr Orlando, Fl 32810